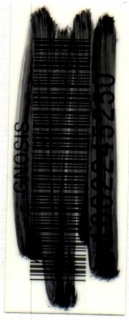

WOMEN, ALCOHOL USE DISORDERS AND SEXUALITY:

AN EXPLORATION OF BELIEFS

By

Patricia S. Moore

RECOMMENDED:

Advisory Committee Chair

Department Chair

APPROVED:

Dean, College of Liberal Arts

Dean of Graduate School

8-23-02

Date

WOMEN, ALCOHOL USE DISORDERS, AND SEXUALITY: AN EXPLORATION OF BELIEFS

A

Thesis

Presented to the Faculty

of the University of Alaska Fairbanks

in Partial Fulfillment of the Requirements

for the Degree of

MASTER OF ARTS

By

Patricia S. Moore, B.A.

Fairbanks, Alaska

August 2002

Abstract

Extensive research has been conducted on issues of sexuality for women with Alcohol Use Disorders (AUD). These issues are relevant both to the development of and recovery from AUD. Little of this research has focused on the importance of women's beliefs about sexuality at the time of drinking and during recovery. This study sought to identify these beliefs and to determine their importance in the development of and recovery from AUD. A qualitative research design was used whereby interviews with four women in long-term recovery (3 or mores years) were analyzed. It was found that, overall, beliefs about sexuality became more positive during recovery. Women tended to have less sex during recovery and reported that the sex was better than while drinking. Women's relationships with themselves and others improved significantly during recovery. It is within the context of these improved relationships that beliefs about sexuality became more positive.

Table of Contents

List of Figures

Acknowledgment

I would like to thank the women who participated in my study. I appreciate their honesty and generosity of time. I would also like to thank my advisor, Cécile Lardon, who spent a considerable amount of her own time working on this project with me. Finally, I would like to thank my husband, Mike, for letting me have more than my share of access to the computer and who took more than his share of turns making dinner while I worked.

Introduction

It has been estimated that between 4 and 10 million women in the United States have an Alcohol Use Disorder (AUD) (Grant et al., 1992; Weisner & Schmidt, 1992). Alcohol use disorders include alcohol dependence and alcohol abuse. The parameters of what defines alcohol dependence and alcohol abuse are clearly laid out in the DSM IV. Alcohol dependence and abuse are characterized by clusters of symptoms which include physical withdrawal symptoms resulting from abstinence, drinking when one does not want to drink, repeated and unsuccessful attempts to cut back or quit, and detrimental effects of drinking to one's life including family relationships and trouble with the law (American Psychiatric Association, 1994). Alcohol use disorders can cause significant suffering for the woman with the disorder and for those people close to her.

The DSM IV does not provide separate diagnostic criteria for women and for men. It is assumed that the criteria are general enough to encompass the presentation of AUD in both women and men. Many researchers argue that women's experiences with AUD and recovery from them are different than those experiences of men (Kaskutas, 1994, 1996). Extensive research on women's AUD and recovery from AUD has been conducted separately from research on men with similar issues. Studies have shown that the psychology of women, their self-concepts, biological factors, and life experiences preceding and including the alcohol problem may work to create a recovery process that is unique to women (Kaskutas, 1994, 1996; Rapping, 1997; Wilsnack & Beckman, 1984). AUD occur across cultures, geographic regions, and economic groups. Current literature

works to illuminate the complex interaction of social, personal, and physiological variables involved in the processes of alcohol abuse and dependence.

One piece of this issue that has been receiving significant attention is the relationship between AUD and women's sexuality (Clay, Olsheski, & Clay, 2000; Covington, 1991; Forrest, 1983). Sexuality can be broadly defined as everything mentally, physically and emotionally related to menstrual function, sexual relations, pregnancy, and childbirth. Sexuality will be narrowly defined as those issues related to sexual relations because the literature on women with AUD and sexuality in its broadest definition is too expansive to cover here.

I intend to study the relationship between beliefs about sexuality and the development of and recovery from alcohol use disorders in women. As I will show in this literature review, there is abundant literature on the subject of sexuality and AUD in women, but very little literature exploring the significance of women's beliefs about their sexuality and how these beliefs contribute to alcohol use disorders. This may be a significant line of inquiry for describing the process of developing AUD and recovering from it.

The relationship between AUD and sexuality in women has been examined over at least the last two decades. Forrest (1983) made connections between anxiety concerning sexuality and alcohol use in women nearly twenty years ago following decades of work with women with alcoholism. He argued that some women use alcohol to relieve anxiety about sex in order to perform sexually. These women may have sexual

dysfunctions presenting as an inability to orgasm, pain during intercourse, and/or vaginismus and may use alcohol to control anxiety before and during sex.

Perhaps related to anxiety, sexuality, and AUD in women are findings connecting childhood sexual abuse (CSA) and AUD in women. Clay, Olsheski, and Clay (2000) concluded that there are significant connections between CSA and AUD in women after reviewing a large literature exploring these issues. A study conducted by Rodriguez et al. (1997) showed a significant relationship between CSA and Post-Traumatic Stress Disorder (PTSD), a severe anxiety disorder, in women. Epstein et al. (1998) posited that PTSD may be the connecting variable between CSA and AUD. Histories of CSA can lead to PTSD, which may make some women more likely to develop an alcohol use disorder. Several researchers have articulated a need for issues of CSA to be addressed during recovery from alcohol use disorders (Clay, Olsheski, & Clay, 2000; Covington, 1991; Forrest, 1983).

Recovery from CSA and AUD may necessarily involve addressing women's fundamental beliefs about their sexuality. These beliefs may have developed in response to traumatic experiences and continue years after the trauma, thus maintaining an anxious and/or depressive mental state. Covington (1991) and Kaskutas (1994) have noted a relationship between common feelings and beliefs experienced by women with AUD and women who have survived CSA. Covington (1991) reports women with AUD often feel guilt and shame about their sexuality and sexual history. Covington (2000) found feelings of guilt, low self-esteem, and depression to also be common psychological characteristics of women who have survived childhood sexual abuse. For some women with AUD, the

negative beliefs they hold about themselves as people, and their sexuality in particular, may not be a response to the problem drinking, but one underlying motivation for the drinking.

Beck (1993) has argued that beliefs contribute to the development, maintenance, and the process of recovery from addiction. If women's negative beliefs about their sexuality cause significant psychological distress and they use alcohol to relieve this distress, then it may follow that both the beliefs about using alcohol and about sexuality need to be addressed in recovery.

Several researchers have looked at issues of sexuality in recovery particularly the need to treat trauma related psychiatric syndromes simultaneously with AUD treatment (Chiavaroli, 1992; Millar & Stermac, 2000; Sullivan, 1996). Clay, Osheski, and Clay (2000) find the prevalence of abuse in the life histories of women suffering with AUD is seen as not only influential to the development of AUD, but also influential to women's recovery. Chiavaroli (1992) and Sullivan (1996) have found in their studies women who deal with issues of trauma such as CSA may be more likely to stay sober than women who do not.

Numerous studies have been conducted in developing an understanding of the relationship between AUD in women and sexuality. I will review this literature here. Less research has been conducted on issues of sexuality in recovery. I will also review literature available on this subject. I will show that sexuality, particularly women's beliefs about their sexuality, are significant issues both in the development of and recovery from AUD in women.

Sexuality and Alcohol Use Disorders in Women

Several researchers have found contradictions between the perceptions some women with AUD have about the effects of alcohol consumption on their sexuality, and the findings of studies on physiological response and behaviors in women following alcohol consumption. Forrest (1983) observed women with AUD often report heightened levels of sexual arousal and increased sexual functioning following alcohol consumption. Interestingly, Harvey (1984) has correlated alcohol consumption with lowered rates of women initiating sex. Further, in a study that significantly impacted later research, Wilson and Lawson (1976) showed that alcohol consumption actually lowers physiological sexual response in women. In fact, Gavaler et al. (1993, 1994) found, in more recent studies, an improvement in sexual functioning for women in recovery. Women with AUD may perceive increased arousal and sexual functioning following alcohol consumption, but alcohol consumption actually decreases physiological sexual response and is associated with a decrease in the initiation of sexual relations by women.

This contradiction may be explained by theories offered by Forrest (1983) and Covington (1991) connecting the use of alcohol and anxiety related to sexuality and histories of childhood sexual abuse and sexual dysfunction in some women. The use of alcohol by women with PTSD who have intense anxiety about sex may not be to become more physically aroused, but to control anxiety enough to engage in sexual activity.

Childhood Sexual Abuse and Alcohol Use Disorders in Women

Perhaps of profound significance are the findings by Covington (1984) and Dexter (1995) that approximately 75% of women with alcoholism have a history of

childhood sexual abuse. Clay, Osheski, and Clay (2000) reviewed a considerable body of current research examining the connection between histories of CSA and AUD in women. Researchers have associated CSA with many disorders including substance abuse, depression, anxiety, poor self-esteem, sexual dysfunction, and feelings of isolation (Blatchley et al., 2000; Hawke, Jainchill & De Leon, 2000). Clay, Osheski, and Clay (2000) found in the literature that low self-esteem, guilt, and depression are common psychological attributes of women with AUD. Kaskutas (1994) has noted the similarities between common psychological problems in women with CSA and women with alcohol use disorders. There may be a significant relationship between CSA and AUD in women. Psychological problems known to result from CSA are also common problems for women with AUD, most of whom have experienced CSA in their lives. Current literature further articulates this relationship through the discovery of a mediating variable.

Epstein et al. (1998) found that PTSD may be a mediating variable between CSA and alcohol use disorders in women. Interestingly, their study did not find a direct relationship between CSA and symptoms of alcohol abuse and/or dependence in women. Instead, reported symptoms of PTSD were significantly related to both severe CSA and symptoms of AUD suggesting PTSD as the mediating variable between CSA and alcohol use disorders.

The APA (1994) defines PTSD as a severe anxiety disorder that can be triggered by specific stimuli. Current research may support earlier work arguing that some women with anxiety about sex use alcohol in order to overcome anxiety and perform sexually. Weiss and Mirin (1987) and Swedson (2000) have observed connections between anxiety

and nervousness and drinking behaviors. For women who developed PTSD following traumatic sexual experiences, sexual situations may trigger severe anxiety. Some women may attempt to control this anxiety by drinking.

I will be aware that CSA and PTSD may be included in the life experiences of women interviewed for my study. Although I will not be asking questions specifically about these issues, they may be part of women's responses to questions about their beliefs about sexuality. CSA and PTSD may be part of the context in which beliefs about sexuality developed for many women with AUD. I will keep the findings from the studies reviewed here in mind when analyzing the data.

Beliefs and Attitudes About Alcohol Use and Abuse in Women

Along with anxiety, guilt may be a fundamental piece of the experience of alcohol use disorders for women. Kauffman, Silver, and Poulin (1997) found feelings of guilt to be powerful among women with, and recovering from alcoholism. Kaskutas's (1994) study on women's attitudes about drinking found high rates of women disapproving of drinking and evidence that women may internalize these negative attitudes about themselves while drinking.

Kaskutas (1994) also found common psychological hallmarks of women with alcoholism to be low self-esteem, high guilt, and depression. It appears that women with AUD tend to feel badly about themselves and guilty about their drinking. These negative feelings may result from guilt about problem drinking and feelings of guilt related to earlier life experiences. Kaskutas noted that low self-esteem, guilt, and depression are not known to be fundamental pieces to the experience of AUD for men.

Differences in Attitudes About Alcohol Use and Abuse Between Women and Men

Research indicates that women and men differ in their attitudes regarding alcohol use and abuse. Kauffman, Silver, and Poulin (1997) conducted a study on differences between women and men's beliefs about alcoholism. They found that women tend to attribute alcoholism to genetic disposition, family history, and environmental stressors as major contributors to alcoholism more so than do men. Their study also noted women and men tend to attribute alcoholism to weak moral character and a lack of willpower at about the same rates. However, Kaskutas (1994) reported women with AUD are more likely than men with AUD to feel powerless and inadequate before beginning drinking.

Kauffman, Silver, and Poulin (1997) reported women tend to view the effects of different substances as more powerful than do men. In addition, they noted women tend to believe drug and alcohol problems are more prevalent and that prevention and treatment are more effective than do men. Knowledge of women's beliefs about alcohol use may be important resources for women recovering from AUD and those who work to help them through recovery. Women who believe that AUD are significant problems for which there is help may experience more success at alcohol cessation than those that do not share this attitude. As well as indicating possible areas of strength for women seeking to recover from AUD, differences in attitudes between women and men may also indicate themes relevant to the motivation of women in developing alcohol use disorders.

Societal Beliefs About Sexuality and Alcohol Use Disorders

Covington (1991) writes from her experiences as a researcher and therapist about the common beliefs that may play a role in the development of alcohol use disorders in

women. After years of working with women in recovery, Covington has noticed that exploitative beliefs about women's sexuality, those emphasizing the value of a woman's sexuality above all other characteristics, and restrictive beliefs about sexuality may contribute to AUD in women. Women who perceive social pressures to act and experience sexuality in a particular way may believe they must acquiesce to cultural norms in order to be acceptable people. Covington argues that, in an effort to fulfill perceived expectations, some women use alcohol to quell psychological resistance to socially prescribed behaviors.

Covington (1991) posits western cultural beliefs about sexual pleasure being shameful and women's sexuality being wrong lead to guilt and denial, particularly in women from strict religious backgrounds. These negative feelings about the self, she argues, contribute to addiction in women and are important issues to be addressed at later points in recovery.

In one case study, Covington (1991) describes a woman in the recovery process whose beliefs mirrored a less restrictive but possibly damaging cultural value. This woman believed that she should meet the societal ideals of women written about in popular magazines including extensive sexual experiences. Although these experiences did not meet her needs, she felt compelled to fit the image and used alcohol to lower inhibitions and pursue the lifestyle she felt was promoted in the media. Covington reports social values on either end of the spectrum between restrictive to exploitative may cause the denial of the self in some women and perhaps become contributing factors in the development of AUD.

Although Covington made noteworthy observations connecting women's beliefs about their sexuality and AUD, a significant amount of literature does not exist specifically examining this relationship. This is an important area of research considering the relevance of societal pressures, CSA, and other psychologically damaging experiences to the life histories of most women with AUD, and the importance of beliefs in the development of and recovery from addiction.

The Process of Recovery from Alcohol Use Disorders for Women

For decades, research has been conducted to determine the significance of sexuality in AUD development for women. The literature exploring the significance of sexuality in recovery from AUD is less articulate. Research specifically addressing the role of sexuality in recovery is limited compared to the literature addressing the role of sexuality in the creation of the alcohol use disorder.

One area of research that does include sexuality in the study of recovery is a growing literature concerning the simultaneous treatment of alcohol use disorders with other psychological disorders. This approach is broadly known as dual recovery. Dual recovery can include treatment for issues related to CSA along with treatment for AUD. Dexter's (1995) research found women receiving sexual abuse treatment along with AUD treatment reported an increased understanding of the role of sexual abuse in their alcohol use disorder. Some women previously unable to get sober in treatment were able to get sober with the sexual abuse treatment. Women with the additional treatment reported being thankful to have had it. Chiavaroli (1992) reported women who deal with issues of

trauma including CSA have a better chance of being successful in recovery than women who do not deal with these issues.

The implications of dual recovery on my study may be that issues of sexuality have been found to be significant to recovery for women. If sexuality is important to recovery then women who are successful in recovery may be likely to have dealt with sexual issues. Dealing with these issues may involve for some women consideration of beliefs about their sexuality. It may be possible to better understand the significance of sexuality in recovery though the investigation of the beliefs women in recovery have about their sexuality. Women who have examined the significance of sexuality and their beliefs may provide a narrative about these issues that has not before been expressed in the literature.

There exists literature examining the role of self-help groups in women's recovery, which may be pertinent to issues of sexuality and recovery. Kaskutas (1994) has raised questions regarding the validity of the philosophical foundation of Alcoholics Anonymous in helping women recover, particularly women who have been victimized. These questions may be significant when developing an understanding of the role of sexuality in recovery as will be discussed later.

Self-Help Programs

One of the most popular self-help groups for people in the recovery process is Alcoholics Anonymous with over two millions members worldwide (Alcoholics Anonymous, 2001). Kaskutas (1994) is critical of the philosophy and structure of AA as a self-help program for women. The central theme of surrender to the truth of one's

alcoholism, she argues, may not be as helpful for women as it is for men. AA was designed to address the recovery needs of male alcoholics, which may differ significantly from the recovery needs of women. Kaskutas notes women often experience tremendous guilt about their behavior and feel a general powerlessness in life. Kaskutas questioned the appropriateness of the theme of surrender for women learning to cope with these negative feelings sober.

In light of the possible connections between CSA and alcohol use problems in women, encouraging some women to surrender to powerlessness may not be effective as women's beliefs about being powerless may be a fundamental part of the problem. Hurley (1990) found in one study women survivors of CSA often drank in order to feel a sense of power and mastery in the world. PTSD symptoms including anxiety resulting from experiences of powerlessness may require considerably different approaches than are offered by AA program philosophy for some women.

Women For Sobriety

An alternative self-help group that has been slowly spreading is Women For Sobriety (WFS). Kaskutas (1994) has studied WFS as it compares to AA and as a viable option for women. She found significant differences in the approaches taken by WFS and AA in the recovery process. Unlike AA, WFS does not use surrender as a central emphasis to its program philosophy. The program philosophy focuses on not drinking, positive thinking, believing in one's own competencies, and growing spiritually and emotionally.

Instead of the Twelve Steps of AA, WFS offers the Thirteen Affirmations for Sobriety (Kaskutas 1994). There is an emphasis on affirming a woman's competence and ability to change her life by changing her beliefs about her life and herself. Women are taught that drinking began in response to "faulty thinking." Instead of ritualized recitation of personal failures due to alcoholism as in AA, WFS offers that, "The past is gone forever." Kaskutas reports WFS encourages women to live in the moment and learn to believe good things about themselves.

Kaskutas (1996) observed a strong sense of community and connectedness between members. Members sit in a circle during the meeting and take turns talking about their week and things concerning them. Unlike AA, the telling of drinking stories is discouraged as it focuses on the negative and is considered counterproductive. The emphasis on learning to believe good things assumes that changing beliefs leads to changes in behavior. Acceptance, tolerance, and safety are noted by Kaskutas as reasons why women choose to attend WFS meetings.

Kaskutas (1996) found rates of attrition among its newcomers are about equal between WFS and AA groups; approximately half of newcomers leave within the first four months. Membership rates remain stable between groups for longer-term members. WFS is considered a useful alternative or addition to AA for women in the recovery process. The differences in organization philosophy and meeting structure may more accurately reflect the way women tend to socialize and may speak more directly to the experiences of women with alcoholism.

WFS emphasizes the importance of beliefs about oneself in the development of alcoholism in women by discouraging discussions of personal failures and providing safe and accepting places for women to talk. WFS proposes changes in beliefs facilitate women's ability to stay sober.

Conclusion

The research indicates issues of sexuality and beliefs about alcohol need to be addressed during the recovery process (Beck, 1993, Clay, Osheski, & Clay, 2000, Covington, 1991). Beck (1993) argued beliefs about alcohol and one's relationship to the alcohol must be changed in order for recovery to be sustained. Covington (1991) found women with AUD often experience sexuality with guilt and anxiety and Forrest (1983) posited women with AUD use alcohol to mitigate anxiety about sex. These experiences of women with AUD may step out of beliefs about sexuality that were formed during childhood when the majority of women with AUD were sexually abused. Covington's (1991) research indicates that beliefs about sexuality may be an important piece to the recovery process. Researchers have not yet explored in-depth the relationship between beliefs about sexuality and AUD in women. Further, researchers have not examined whether these beliefs change during the recovery process, and the nature of these changes are if they do occur.

Identifying beliefs about sexuality in women with AUD, how or if these beliefs influence drinking behavior, and how or if they change during recovery may further illuminate significant processes in the addiction and recovery process. If the nature of these beliefs and the relationship between these beliefs and drinking behaviors is further

understood, perhaps so too can be the important components of effective recovery processes. In my study, I was interested in investigating the relationships between women's recovery from AUD and beliefs about sexuality.

Purpose of This Study

I conducted a study of the sexual beliefs and behaviors of women with AUD during active phase drinking and during the recovery process. Specifically, I focused on whether there was a relationship between women's beliefs about sexuality and their AUD and how or if this relationship changed during the recovery process. I intended to address the following questions:

1. What are women's beliefs about sexuality at the time of active drinking?
2. How were these beliefs formed?
3. What are women's beliefs about sexuality during recovery from AUD?
4. If these beliefs change for women, what is the nature of the change?
5. If these beliefs change, are these changes important for maintaining sobriety?

If beliefs tended to change for women during the recovery process, this may have been shown in women's reports. Connections women made themselves between changes in their beliefs about their sexuality and their recovery process may also have illustrated how and when these changes occurred.

I believe understanding more precisely how sexuality and AUD relate and what the changes in beliefs were for women in recovery adds to the current literature by further articulating the processes of addiction and recovery. The reports by women in recovery

may provide important information both to other women beginning the recovery process and to the professionals that work with them.

Methodology

Research Design

I used a qualitative research design for this study. The first reason I used this design was the exploratory nature of the inquiry. My study was built on a few existing works examining the significance of women's beliefs about their sexuality and the recovery process. Covington (1991) and Charlotte Davis Kasl (1989) both used qualitative methods in collecting, analyzing and reporting data in their works. Though they made some changes to women's stories to protect confidentiality, both used women's own words in weaving compelling and provocative arguments about the nature of addiction and sexuality. Their explorations of complex phenomenon were more whole than other studies using quantitative designs as they studied addiction and sexuality within the larger context of the lives of the women for whom these were issues. I wanted to design my study in a way that allowed me to focus on specific phenomenon, beliefs about sexuality, while providing room for more complex and related issues to surface in women's accounts.

As will be discussed further, a grounded theory (Miles & Huberman, 1994; Strauss & Corbin 1998) approach was used in developing a hypotheses and research topics for future studies.

Sample

Eight women were interviewed using a semi-structured interview. Participants were in long-term recovery (3 or more years). There were several reasons I chose to work with women in long-term recovery. Changes in beliefs and experiences may take time

during the recovery process. Women who were in long-term recovery may have had the time necessary to examine their belief systems and to change these beliefs and behaviors for the purpose of maintaining sobriety. They may have been more willing to discuss these changes than women early in recovery because they had had more time to heal and may have been more comfortable discussing potentially sensitive issues.

There were ethical issues related to asking women in recovery about their beliefs about their sexuality. As was established earlier, issues related to sexuality are often connected to the development of AUD in women. Asking questions about issues related to sexuality could potentially trigger significant emotional reactions. By recruiting women in long-term recovery, I hoped to significantly reduce the chances that an interview would incite emotional responses that a respondent was unable to cope with in a healthy way. Participants in long-term recovery may have been more likely than women early in recovery to have developed healthy coping skills, and to have addressed sensitive personal issues. Women who had been sober for at least three years may have been less likely to relapse if faced with emotionally painful memories and beliefs.

Another reason I chose to recruit women in long-term recovery for my sample was because it is logistically difficult to locate women with AUD who are within active phase drinking. There are also significant ethical issues to recruiting women with AUD who are actively drinking. Women who are drinking may not be prepared to discuss potentially sensitive issues. Due to ethical issues, resource constraints, including time, and my limited expertise in assessing psychological disorders, women who identified

themselves as being in long-term recovery from AUD were asked to reflect back on their beliefs and experiences during active phase drinking.

Sample Description

Of the eight interviews, four were used as my sample in data analysis. The first two interviews were used to develop the interview schedule, as will be further discussed later. Two other interviews were not used because of variables in the women's current life situations that I believed could have made their experiences with AUD and recovery qualitatively different than the other women's experiences.

The interviews used for the sample were with women between the ages of forty-one and fifty-one years of age, with the median age being forty-six years old. Each participant was a mother with the average number of children being two per participant. The median age of the women at the time of the birth of their first child was twenty-five years old. These ages ranged from seventeen to thirty years old. Three of the four women were single at the time of the interview and one was married. Two of the three women who were single were divorced. All women worked outside of the home.

The median length of sobriety was twelve years with the shortest time being seven years and the longest being seventeen years. The average age of onset of problem drinking for participants was twenty-two years old with the earliest onset being twelve years old and the oldest being twenty-seven years old. Three of the four women attended Alcoholics Anonymous over a number of years to help them get and stay sober. One woman attended AA and went through a residential treatment program. One woman attended AA a couple times, but did not find it helpful for getting sober.

The names of participants have been changed in order to protect confidentiality. The four women had all been sober for a number of years and were similar ages. They varied significantly professionally, ethnically, and in life experiences. To my knowledge, none of the women in the sample knew each other. These differences may make the similarities found in their beliefs about and experiences with sexuality during drinking and recovery more significant than if they were from similar ethnic and professional backgrounds.

Sample Recruitment

Several techniques were used in recruiting a sample for this study. A convenience sample was recruited using referrals, fliers, and a snowball technique. I used referrals and snowball sampling techniques because access to individuals within the recovery community was difficult for me as an outsider to the community.

Referrals

Colleagues who were members of or who had access to the alcohol recovery community were asked to distribute my name and phone number to women who both met sample criteria and may have been willing to participate in the study. Referrals wishing to contact me for further information about the study and participation were able to contact me by phone or email.

A problem I had with this sampling design was difficulty recruiting enough respondents for the study. I believe my difficulty in recruiting participants was due in part to my outsider status to the recovery community. I had to make entirely new contacts in a community that is somewhat insular and in which I have not had occasion to make

contacts previously. Also, some women who matched the sample description may not have wanted to participate in this type of study. The topic matter may have been disturbing or painful for some women, or simply considered inappropriate to discuss with a stranger. Some women may have feared that their participation would not be confidential.

In order to protect the confidentiality of referrals, I had participants call my home phone number to contact me. I had two phone numbers for my home phone, one for my husband and my personal use, and one for this research project. The phone number for this project had a unique ring that distinguished it from the phone number we have for personal use. If I was not home to answer the phone, calls for the study could go through to a phone message mailbox designated specifically for my study. I was the only person with access to these messages.

I instructed my colleagues to give my contact information to possible participants. I instructed my colleagues not to ask the referrals whether or not they intended to participate in my study. In this way, my colleagues were not aware of whether the woman/women they referred to me chose to participate in the study or not to participate. I had colleagues ask possible participants to provide the best time for me to return phone calls and whether or not I could leave a phone message if they left a message on my machine.

If a colleague gave me the name of a contact with access to women in the recovery community, I called this contact, explained my study, and asked for referrals. Any referrals I received from these contacts were handled using the same procedures

described above. I kept the names and phone numbers of referrals in a secure cabinet in the UAF Psychology Department when not in use.

Snowball Sampling Technique

A snowball sampling technique was used to recruit additional participants once I had identified participants through referrals. I asked participants to give my name and contact information to women they knew who met sample criteria and may have been interested in participating in my study. I repeated this process with each respondent, but was only aware of one referral made through this technique. All other participants were referred by colleagues, contacts in the community, or contacted me after seeing a copy of the flier.

I used the same procedures outlined above for protecting the confidentiality of referrals made by participants including the secure phone message box and safely storing all information about possible participants during sample recruitment. I was not aware of any referrals made by participants unless these referrals choose to contact me, thus identifying themselves as women in recovery.

Fliers

I posted fliers around campus and in public locations where women in recovery could see them (see Appendix A). The fliers included a brief explanation of the study, my address in the psychology department, my study phone number, and an email address at which I could be contacted. When I posted fliers in public places where members of the recovery community meet, I avoided posting these fliers during meeting times to

protect the confidentiality of this community. I called Alcoholics Anonymous to get this information.

The Interview

The research tool was a semi-structured interview including both closed-ended and open-ended questions lasting approximately an hour (see Appendix B). Each participant was interviewed once. Each interview conducted for data collection used the same questions and was conducted by me. Seven interviews were recorded on an audio recorder and I took notes during all interviews.

There were several questions to collect demographic information and questions about respondents' drinking history. These questions provided general information about each participant.

Questions specifically addressing sexuality and drinking were used to collect information about women's beliefs about sexuality with particular focus on these beliefs during the drinking phase of their AUD and during recovery. I intended for these questions to further develop the literature connecting restrictive and/or exploitative beliefs about sex and the development of AUD in women (Covington, 1991).

I used questions with open-ended probes to inquire about the ways in which beliefs about sexuality relate to AUD in the participants during active drinking and recovery. I believed connections between beliefs about sexuality and AUD could further articulate the relationship between women's sexuality and AUD and recovery.

As participants were in recovery for at least three years, a retrospective approach was used in the interview to access information about the beliefs women with alcohol use

disorders had about their sexuality during active drinking. One advantage to using a retrospective approach for this piece of the research was women within the recovery process may have been more aware of their current and past beliefs, and may have been more open about their experiences both with themselves and with me.

Disadvantages of this approach included possible inaccuracies in memories and/or difficulty remembering. Inaccuracy is common when remembering the past and the data collected likely includes inaccuracies. Further, women with AUD may have had memories that were compromised by drinking-related memory loss. Overall, the women who had had memory loss due to drinking remembered generally what their behaviors and beliefs were at the time of active drinking.

Interview Development

I piloted alternate questions using two separate interview protocols with the first two participants I recruited. The first participant was asked questions from the original interview, and the second participant was asked questions from the alternate interview (see Appendix B). I debriefed with participants following the completion of the interviews to get feedback including preferences for question phrasing and question order. As sensitive subjects were covered, I was interested in determining the most appropriate and comfortable questions for addressing these subjects. I also assessed questions for the extent to which they covered the subjects and time efficiency.

After completing these interviews, I chose the final interview questions from the two interviews and made minor changes to some questions with the guidance of these participants and my thesis committee (see Appendix B). I explained to the participants

my intended use of their interviews before scheduling an interview. I informed them that their interview materials would not be used in data analysis.

Procedure

Contacting Possible Participants

Once contacted by a possible participant, I explained my affiliation as a graduate student of the Community Psychology Program at the University of Alaska Fairbanks. I also explained the purpose of the study and what could be expected in the interviews including the duration and subject matter. I explained that I would be asking several questions regarding sexuality and drinking. I was concerned that if a potential participant did not realize the subject of the inquiry until the interview, she may have felt cornered or manipulated. I went through the steps that were taken to protect confidentiality both during the interview process and in data management. I mentioned the five dollar gift certificate as being a small gift of gratitude for participation. I was clear that participation was voluntary and that a participant could choose to end their involvement at any stage in the interviewing process. If the person agreed to be interviewed, I set up a time and location for the interview. If I did not already know, I asked the participant if I could leave phone messages at her contact number. I did not leave phone messages unless I received permission.

If, at this time, the referral did not want to participate in the study, I destroyed her name and contact information after concluding the conversation. Only one participant did not follow through with an interview after contacting me. She contacted me through email and her emails were destroyed.

Scheduling the Interview

I set up a place and time for the interview by phone or email. I had received permission to use the counseling rooms on the second floor of Gruening Building for the interviews during the Fall and Spring Semester 2001-2002. These rooms were available, private and comfortable. I wanted to make available locations outside of participants' normal routine to add to the sense of confidentiality. Only one interview was conducted in a counseling room, the other three were conducted at private residences, and four interviews were conducted at places of work.

I was willing to meet a woman at her home if she requested this location. Childcare was an issue for two participants and it was necessary for me to meet at their homes. The interviews conducted at workplaces were in offices or a location that provided privacy.

There were issues of confidentiality participants needed to be aware of when choosing their home or workplace as an interview site. Women who preferred to meet in their homes allowed me to know where they lived, and there was a potential that other people in the house could overhear the interview. I addressed these issues when we scheduled the interview. If a participant chose to have the interview in her home or at work after considering these issues, I assumed that she was comfortable with her choice. I was discrete when entering homes and workplaces, and did not discuss the interview with anyone besides the participant.

Conducting the Interview

Once the participants and I met for the interview, I introduced myself and thanked them for agreeing to the interview. I first reviewed the consent form (see Appendix C) with the participant until we were both comfortable that she understood it. In this form I outlined how I would protect confidentiality, the voluntary nature of participation, and the need for participants to monitor their emotional state during the interview. I encouraged participants to stop or end the interview if they felt emotional distress during the interview. I explained that the interview did not include questions about trauma and/or abuse. I emphasized that participants were not being asked to give information about themselves that they were not comfortable giving. I reviewed the consent form slowly and answered any questions participants had. When the participant had signed the consent form, I provided her with a list of local community resources for mental health and substance abuse (see Appendix D). I gave the gift certificate at this time.

I began the interview by outlining its basic structure. The interview proceeded with a general introduction to orient the participant (see Appendix B). I explained that I was interested not only in the beliefs of participants about their sexuality during the course of AUD and recovery, but also how or if they saw these beliefs as relating to these processes.

I used encouragers with the open-ended questions. I sought to expand responses to questions, make the interview proceed smoothly, and help the participant feel comfortable when using these encouragers.

I encouraged participants before the interview began to skip questions they were not comfortable with, and to take a break or end an interview if they became distressed. A few women became emotional during the interview. I stopped the interviews at these times and asked if they were okay and whether they would like to take a break or stop the interview. In each instance the women reported being okay and wanting to continue the interview.

I did not include questions about trauma and/or abuse including sexual, physical, or emotional abuse. I did not pursue lines of inquiry into these subjects unless the participant clearly wanted to share this information. Each interview concluded after the questions were answered.

Data Management

After completing the interviews, I locked interview materials in a cabinet in the Psychology Department. I gave each participant an ID number and indicated identity on the interview materials, including audiotapes, transcripts and notes, only with this coded number. Participant names were not on the interview materials at any time. The sheet with ID numbers and names was locked in a separate office from the interview materials. No one else had access to this information. I will keep records of this study in a locked location on the UAF campus for five years.

Data Analysis

Interview tapes were transcribed and coded. I coded materials by hand, following a grounded theory approach when analyzing my data (Miles & Huberman 1994, Strauss & Corbin 1998). Without a theory in mind, I thoroughly and repeatedly examined

interview materials and built categories from salient subjects addressed by participants, otherwise known as open coding (Creswell 1998). For example, when I noticed a particular issue surfaced in a significant number of the transcripts such as a decrease in the quantity of sex women tended to have after sobriety, I identified the issue as a category of interest and investigated it further. Once several categories were established, I searched for a central phenomenon, or a phenomenon that was most fundamental to the topics being studied here. In this study, women's relationships with themselves quickly surfaced as a central phenomenon affecting other phenomenon including the quantity of sex participants had while drinking and during recovery. I identified connections between phenomena then coded these connections, otherwise known as axial coding (Miles & Huberman 1994, Strauss & Corbin 1998). I sought to determine the relationships between categories and the context in which these categories interact. I explored and described the beliefs about and experiences women with AUD had with their sexuality and observed how beliefs and behaviors changed over time. I also investigated whether these beliefs and behaviors interacted with the alcohol use disorders and recovery.

In addition to observing categories that emerged from the data, I was aware of several themes addressed by current literature (Covington, 1991; Kaskutas, 1994) when examining the interview materials. These themes included beliefs women have that relate to problem drinking including low self-esteem and guilt (Covington, 1991). The literature articulates a need to examine issues of recovery for women with a broader focus on life situations and individual feelings and beliefs. By observing the data with awareness of this literature, but without a specific theory in mind, I hoped to find explanatory

narratives of the relationships between sexuality, AUD, and recovery through an articulation of the beliefs and experiences women had with these issues. By using a qualitative research design, it was possible to study and report descriptive explanations using much of the respondents' own language including exemplars.

Results

Overall, I found what appears to be a significant relationship between the participants' beliefs about sexuality and sexual behavior and drinking. This relationship is articulated through beliefs and behaviors. For example, the quality of sex tended to improve for each participant after sobriety, while the frequency diminished. Each participant also reported thinking about sex more positively after recovery. Although two of the four participants seemed to be able to identify changes in sexual behavior more easily than changes in their beliefs about sexuality, evidence of changing beliefs about sexuality was compelling and helped to inform my understanding of how sexuality is involved in recovery for women.

Not only did sexual behaviors and beliefs change after sobriety, there was evidence that participants' relationships with themselves and romantic relationships also changed. In almost every case, these changes in relationships, behaviors, and beliefs were expressed as positive to the lives of each participant.

In the following section, I will explore the women's experiences with relationships with themselves, romantic relationships, sexual behaviors and beliefs about sexuality during drinking and sobriety. I will seek to understand the changes seen in each of these categories from the perspective of the participants as well as in the context of current literature.

Relationships with Self and Other

Each woman spoke directly or indirectly of differences in their relationships with themselves and in romantic relationships between drinking and sobriety. Two of the

participants discussed changing attitudes about themselves and expectations of another as being related. In their experience, as self-acceptance and self-love increased, so too did their expectations of another in a romantic relationship. In the following sections, I will explore in depth participants' relationships with themselves and their romantic partners. It will become clear that these women believed there were changes in both. Further, at least three of the participants saw these changes as critical to getting and staying sober.

Relationship With Self

Kaskutas (1994) built a new self-help group for women in recovery around the premise that women's disordered drinking is a response to "faulty thinking" about their lives and themselves. Kaskutas cites low-self esteem and high guilt as motivators for drinking. In order to get sober and stay sober, a woman needed to learn to believe good things about herself and let go of the past forever. Beck (1991) also argued the importance of beliefs in problem drinking behavior and the necessity to change these beliefs in order to change behaviors.

In my study, I did not ask questions directly addressing women's beliefs about themselves or their drinking, but found when analyzing the interviews the emergence of these issues. Each woman spoke directly or indirectly of changes in her beliefs about and relationship with herself during sobriety. These changes were in every case seen as positive by the participants and supported Kaskutas's findings that women needed to learn to change their beliefs about themselves to stay sober. The participants in this study reported learning through recovery how to care about and enjoy their lives. Understanding these changes may provide a necessary context for understanding the

changes reported in sexual beliefs and behaviors. When women related to themselves differently, they might naturally have begun relating to others differently.

Learning to Love Her Life

Each woman's story lent strength to the argument that a critical part of recovery for women is a changing relationship with themselves. There was evidence of this changing relationship in Pam's story. Pam talked about feeling like "nothing" and a "toy" while drinking and allowing others to treat her like a toy sexually. She said this was a result of being degraded by her father and treated like "nothing" during childhood and then recreating a similarly dysfunctional relationship with her husband later in life.

Pam said that if you love yourself you stop drinking. For her, learning to love and respect herself was critical to staying sober. She was working to create a life where she could be herself and not just "fit the role" of a woman who is essentially without value because staying sober for Pam was about "how you treat yourself." She learned to think differently about herself and her behavior changed with her beliefs.

In telling the story of how she became sober, Sue spoke of learning in AA, "you have to spend time with Sue, you have to know her. And that was scary.... It was scary to spend time with just me." Sue would take long walks by herself or go to see a movie. At first she timed her walks or would fall asleep during the movie to avoid the discomfort of being alone. Although Sue did not speak specifically of negative beliefs about herself, her fear of being alone may be an indication of how she felt about herself. Eventually, Sue came to cherish her time alone and required it regularly.

Another change in Sue's relationship with herself occurred when she began to believe that she needed to take care of herself first in order to care for anyone else. She talked about believing while drinking she was responsible for people at work but saw the importance of relationships differently after sobriety, "After all them years of worrying about all them…and worried about what they're going to say, look…it's just me. None of them, it's just me. I have to worry about Sue." Sue also spoke of going to a rehabilitation clinic to get sober and having to tell her teenage son, "It had to be me first." For Sue getting sober and staying sober required putting her relationship with herself and her own welfare first. The change in rank of Sue's importance to Sue appears from her account to be critical for sobriety. By taking care of her need to get sober, she learned to enjoy her own company and value her life. Sue described her life towards the end of the interview, "It's definitely a lot better now. Not only do you taste your food, you have a taste for life." She said she did not know what could happen in her life that would cause her to start drinking again.

When asked whether the self-help groups she had attended addressed issues of sexuality and, if so, whether this was helpful in maintaining sobriety, Edith told the story of completing the fourth step of recovery. In this step, Edith wrote down everything she had ever done sexually and read it to her sponsor. As well as issues highly relevant to my discussion of sexuality later in this section, this story illustrated aspects of Edith's relationship with herself that may be key to understanding sexual issues:

> I had this image in my head that my sponsor was just going to never speak to me again. And because she was an older woman and she was a church member, and I

just thought "Oh my gosh ... this is going to completely change our relationship. How could she think well of me when she finds out the things that I've done?

In fact, Edith's sponsor had fallen asleep during Edith's reading and Edith had to wake her to start over. Edith said that this situation had given her a new perspective:

> I had built this up to such a big thing and it wasn't even interesting enough for her to stay awake... I had done some horrible things, and I had hurt people and I needed to make amends... But the bottom line was that I did that while I was drinking ... and I can't go back and change it, but I don't have to live with the shame from those behaviors.

Edith spoke of a "different level of self-acceptance" and an ability to forgive herself after this experience. Edith's story corresponds with Kaskutas's argument that low self-esteem and guilt are related to women's drinking behaviors. Edith learned to feel less guilty about her past behaviors and accept herself through the recovery process and saw these changes as important to sobriety. She reported herself as one of the main reasons for staying sober.

Although Trish did not speak as directly to changes in her relationship with herself as the other participants, there was evidence in her interview that changes occurred on this level for her during recovery. A critical incentive for Trish to get sober and stay sober was her health and fitness. When asked what helps her to stay sober Trish laughingly told me, "Well, I laugh about it a lot and say that, um, vanity keeps me sober." Trish explained how she had been overweight and unhealthy while drinking. One way she was able to stop drinking was to create time-limited goals for losing weight through

the cessation of drinking. After several months Trish had lost a significant amount of weight and felt better. She described a "two hundred percent improvement in my life" after quitting drinking that included not only fitness and health, but also having more time to pursue her interests and experiencing "Spirit," in her life. Trish treated herself differently after sobriety than before. She more actively cared for not only her body, but for her entire life.

There appears to be evidence in each participant's account of changes in her relationships with herself between drinking and sobriety. Women spoke directly to their experiences with these relationships and indirectly through cessation of self-destructive and/or self-disparaging behaviors. These changes may be significant to long-term recovery as women described being more satisfied with themselves and approaching their lives with an increased sense of self-worth. These changes in how they related with themselves may inform a wide array of their behaviors including whether or not they drank.

In the following section I will discuss changes in women's romantic relationships between drinking and sobriety. Although I separate the categories of relationship with self and romantic relationships, there is abundant overlap between these categories. Romantic relationships may not only represent changing beliefs about sex and relationship to others, but may provide further evidence of these women's changing relationships with themselves.

Romantic Relationships

It may be of critical importance to the exploration of women's beliefs about sexuality to understand how participant's experiences with and beliefs about romantic relationships changed between drinking and sobriety. Romantic relationships, whether lasting a few hours or many years, are the context in which sex occurs. All four participants spoke of changing beliefs as evidenced by changing expectations about romantic relationships during recovery.

Overall, there appear to be some consistencies between each woman's beliefs about relationships during drinking and recovery. Emerging themes that were predominant included the connection between unhealthy romantic relationships and drinking behavior, and increasing expectations of satisfaction in romantic relationship during sobriety. I will explore these themes in two sections and will include in the discussion the apparent schism for some of the participants between what they expected in a relationship since sobriety and what they have actually experienced.

Unsatisfying Romantic Relationships and Drinking

During drinking, participants told me of unsatisfying and even abusive relationships being connected to drinking behaviors. These relationships worked to reinforce problem drinking in three of the four participants. Drinking was also related to casual sexual relationships, including one-night stands, for three of the four women. Each of the three women saw their decisions to have these relationships as directly related to drinking as they occurred in the context of drinking. Although only one woman talked about feeling ashamed of these relationships, none of the women continued having them

following sobriety. These relationships will be looked at again later in the sexuality section of this paper.

Pam was clear in her account that she saw drinking and unhealthy romantic relationships as inextricably linked. She believed that in order to get sober a woman could not be in a "bad" relationship, particularly one where abuse occurred. Unhealthy relationships diminished a woman's ability to love her self, and this lack of love could lead to drinking.

Sue also saw a strong connection between drinking behavior and what she considered unhealthy relationships. During her stay in a treatment program, Sue evaluated the times in her life when drinking was significantly increased. She saw that her drinking greatly increased during a relationship where she was beaten to the point of miscarrying two pregnancies. She also noticed that she used drinking to cope with less severe, but also painful feelings of rejection in relationships, "I got hurt or…he just wanted to have sex and dump me…so he hurt my feelings, so let's go get drunk. And drunk is an easy way to cover up everything."

Sue had been married for several years, but did not drink around her husband after the first few weeks. Sue told me her husband had spoken in a derogatory way to her co-workers about her drinking behavior. Sue felt humiliated and angry and refused to ever drink around him. She continued drinking heavily outside of the home during what she described as an unhappy relationship, "after awhile it was like, you know, this is not a two-way thing." She felt her husband did not take her interests and needs seriously.

Sue spoke of having had casual sexual relationships while drinking, "one night stands were, like easy… go out, pick somebody up 'cause you caught a buzz and stuff and, uh, throw them out after that." She discussed these relationships dispassionately and talked about them being part of drinking.

Like Pam and Sue, Edith saw a connection between drinking and unhealthy relationships. Edith drank in all of her romantic relationships, including her marriage, until recovery. Her husband also had a drinking disorder and Edith got sober within months of leaving the relationship. Edith explained, "I drank a few times after I left him. I stopped using marijuana and any other drugs when I left him… I decided it just wasn't something I was going to do anymore." Outside of the relationship Edith said, "I decided I really did have a problem with substances." Edith has been in recovery since the divorce.

Edith reported having casual sexual relationships while drinking, but since sobriety required that relationships include "love" and "trust." Perhaps Edith did not see these things developing in an evening, because she did not continue having these types of relationships after sobriety.

Unlike the other women, Trish did not speak of unhealthy or abusive relationships during drinking. She did talk about casual sexual relationships occurring in the context of drinking, and drinking being a significant part of dating, "back then when I dated, um, drinking was always a part of dating." Interestingly, although Trish usually drank while dating, she would not consider marrying a man who drank, "when it came to, 'will you marry me?' well, I always looked at the fact, 'did they drink?'" Trish said that she had

seen what drinking did to relationships as a child and had not been willing to have a family in a home where drinking occurred.

Like Sue and Edith, Trish did report a connection between drinking and casual sexual relationships. When drinking, Trish was often willing to have a casual sexual relationship with someone she simply found attractive but says, "I laughingly say that now that I'm sober I'm a lot more choosy. I think that would probably sum it up right there." Trish saw these relationships as going hand-in-hand with drinking. Lacking the context of drinking, Trish did not find these relationships satisfying enough to continue throughout recovery.

Something for Myself

Each woman told me about wanting a more complete romantic relationship after sobriety, best described by Sue as a "two-way thing," where women felt they were connecting with their partners as equals with much in common, including sobriety and emotional intimacy.

Through recovery, Pam learned and strongly believed that she could leave any relationship, even a long-time marriage, if she was not happy, and could successfully work AA's twelve steps of recovery alone. Pam reported no longer tolerating drinking in a relationship. She and her husband were both in AA.

Since sobriety, Sue had had a few relationships but reported being very content alone at this time. Sue described one of these relationships:

> I enjoyed his company... it wasn't just "come over and we'll have sex and you'll go home." We used to do things, he'd always make me dinner and stuff like that, go out and shopping for me, I'd shop for him... it was a two-way street.

A later relationship was less satisfying for Sue who described the man's behavior, "he almost clinged to me...and after awhile he was just like a turn-off." Sue understood what she did and did not want in a relationship. Abuse was not described as being part of any of the relationships she had had since sobriety as it had been described as part of relationships while drinking.

Following her divorce, Edith had a few relationships but reported not being entirely satisfied within them. She explained, "I'm getting pickier in my old age and in my recovery. I have a lot higher standards for myself and...I don't find a lot of guys that meet my standards." Edith spoke of "experimenting" early in recovery with standards for dating men that first included only that he be in recovery if he had a drinking disorder. The standards eventually grew to include having a job and not being violent. Men who did not meet these standards simply were no longer appealing to Edith.

Trish saw significant changes in what she considered important and attractive in a romantic partner. While drinking a mutual attraction was enough reason for Trish to engage in a casual sexual relationship with someone. She talked about the importance of intellectual conversation, romance, and the emotional health of the other person in her relationships during recovery. As with the other three women, Trish was clear about what she wanted in a relationship and what she did not want.

There were significant consistencies between the participants' accounts of changing beliefs and experiences with sexual relationships between drinking and sobriety. The three women who had histories of abusive relationships were no longer in abusive relationships and in at least two of the three cases this was due to a purposeful decision. Although casual romantic relationships were common in the lives of three of the participants while drinking, they no longer were following sobriety. Each woman talked about wanting her partner to be willing and able to engage in a "two-way thing," or a relationship where both partners get what they want such as thoughtful gifts, sobriety, emotional intimacy, and/or intellectual conversation. These differences may be explainable in part by each woman's deepening relationship with herself and her clarity since sobriety about what she wanted in a relationship and what she did not want.

Consistencies and Inconsistencies

There were consistencies and inconsistencies between participants' changing beliefs about romantic relationships and their experiences since recovery. Consistencies in women's experiences included the discontinuation of casual sexual relationships in recovery. With the cessation of drinking, these relationships also ceased, perhaps because they could not meet women's changing expectations. The three women who had discussed abuse in relationships while drinking were not longer in abusive situations, matching their growing realization of the connections between these relationships and their drinking behaviors.

Inconsistencies were also evident between changing expectations and lived experiences in participants' stories. The women who were single had had relationships

since sobriety, but they did not report having an overall increase in satisfaction with these relationships. As was noted in their accounts, issues arose during recovery with relationships such as incompatibility with available men, dissatisfying relationships, and successes and setbacks in long-term relationships. It seemed that each woman had, at times, experienced improvements in romantic relationships during recovery, but did not generally experience the fulfillment of their expectations in each relationship.

In the next section, I will discuss changes in participant's beliefs about and experiences with sexuality during drinking and recovery. Here too there is overlap between categories. As women's relationships with themselves may provide a context in which to understand their romantic relationships, their beliefs about and experiences with romantic relationships may provide a necessary context within which to understand their sexual relationships.

Sexual Beliefs and Behaviors

Similar to what was seen in women's experiences with and beliefs about relationships, each participant reported some changes in her beliefs about sex and sexual behaviors between drinking and sobriety. The changes in beliefs women spoke directly or indirectly of could help to explain the changes in women's behaviors as beliefs may inform behavior. In the following sections I will explore the differences in beliefs about and experiences with sexuality for each participant.

Sexual Behaviors

Women in the study all spoke of the quality of sex increasing and quantity decreasing after sobriety. As was discussed earlier, Gavaler (1993, 1994) found that

sexual function improved for women in recovery and Wilson and Lawson (1976) found alcohol consumption actually lowered physiological sexual response for women. These findings may be helpful in understanding why improvement in the quality of sex increased for women in my study, but may not be as helpful for understanding why a decrease in sex occurred.

Also of limited use in explaining the findings of this study is research connecting anxiety around sex and histories of CSA to sexual behaviors in women with AUD (Covington, 1991; Epstein et al., 1998; Kaskutas, 1994). I did not ask women specifically about histories of CSA, but instead asked them what influenced their beliefs about sexuality. Although Pam and Sue spoke of CSA during the interview, they did not talk about CSA as the overarching explanation for their beliefs or behaviors concerning drinking or sexuality, nor did they mention anxiety around sex. Both women did see CSA as influential to some of their experiences with romantic relationships and sexuality.

Each participant talked about the link between drinking and sex. In almost all cases, women drank before they had sex and saw the two as going together. The women did not describe a linear relationship whereby they drank and therefore had sex. Edith discussed "needing" alcohol or drugs in order to have sex because of feelings of shame and guilt, but the other three did not make this connection. Instead, these women talked about drinking and sex existing simultaneously. Drinking and sex were complementary activities, whereby women were interested in the immediacy and short duration of the one-night-stand perhaps in a similar way that they were interested in the immediate and short-term effects of alcohol consumption.

In the following section, themes emerging in the participants' accounts of the relationship between drinking and sexuality and changes seen during recovery will be discussed. Although there were numerous themes, many particular to one woman, I will explore two that I believe may be the most significant, the reports of a decrease in quantity and an increase in the quality of sex for participants. These findings may be the most significant because there was evidence of both in each woman's interview and each woman seems to have seen these as considerable changes. Finally, I will explore when these findings did not hold true in the experiences of participants.

Less Sex

As was noted above, each of the four women reported that they had less sex after sobriety than before. In participant's accounts of their sexual behaviors one reason for this was clear, women did not continue to have casual sexual relationships after sobriety. When asked if drinking affected their sex life, three of the four participants discussed having casual sexual relationships while drinking and believed they were highly correlated with drinking. The fourth woman, Pam, said that drinking affected her sex life in that she felt more sexual while drinking and had more sex. Pam was married at the time when drinking became a problem for her.

Edith saw a significant relationship between her sexual behaviors and drinking. She explained, "I went through a period of being extremely promiscuous while drinking." Drinking and sex always went together for Edith during these years, "the drinking was to relieve the shame, to, to make it okay, to have an excuse... it's okay to have sex with

somebody that you don't know really well if you can say that you were really drunk at the time."

Edith had sex sober for the first time at the age of thirty-six. After sobriety, she found that, "the relationship is more important than the sexuality in some ways… there has to be a relationship first." She now saw sexuality as something to share with another person and that her own physical pleasure is necessary for a satisfying sexual experience. The sexual behavior she described as promiscuous did not continue into sobriety.

Like Edith, Trish noted that drinking affected the choices she made about sex, "if I was drinking and he was drinking well, there's a good chance that we would, if we found each other attractive, we would, um, have sex." She said, "Right now I would never *think* to do that." She further noted that since sobriety, "I have no desire to go to bed with somebody who is drinking."

Also like Edith, Trish saw a significant change in the context within which sex occurred between drinking and recovery:

> Where before it was partying and sex, now it's intellectual conversation, romance, um, doing things together... kind of leading up to, 'Well, do you like this person?' How healthy is this other person that you're going to have sex with?

Trish did not report feelings of guilt or shame around her past sexual behaviors as Edith reported.

In Sue's case, she did not drink before sex with her husband, but drank before sex in her other relationships and actually stopped wanting sex with her husband during the relationship. Sue believed drinking affected her sex life because she did not think

anything of having casual sex while drinking. She saw these relationships as "easy" while drinking, though she did not continue having these relationships after sobriety. Sue did not talk about feelings of shame about casual sex.

As was mentioned before, Pam did not talk about casual sexual relationships coinciding with drinking behavior, but did see a connection between drinking behavior and sex as she felt more sexual while drinking and had more sex.

Overall, each woman reported that the frequency of sex decreased after sobriety. For three of the four women, this seems to be related to no longer having casual sex and looking for a more developed relationship before having sex with a partner. Women had fewer relationships due to an increase in expectations of a partner, in turn finding fewer men to whom they were attracted. Participants related the overall decrease in frequency of sex to having fewer relationships and partners. Pam was the only participant who had been married at the time when drinking became a problem and throughout the recovery process. She also noted a decrease in the quantity of sex she had during recovery. As alcohol increased Pam's sexual feelings, it is likely that the absence of drinking saw a marked decrease in her desire for sex.

Better Sex

There appeared to be a trend of increasing quality of sex for participants during sobriety. Although each woman did not report that sex was better every time, all four participants reported having at least some sexual experiences that were more satisfying after sobriety than while drinking.

Trish said of sex while drinking, "it was nice while I was drinking...but it's a lot nicer now." Sex often occurred in situations where drinking was heavily influential, "it was many years before I had what I term 'sober sex.' Um, I strongly recommend it. Sober sex is much better than, than having sex when you're drinking." Trish saw sex as overall improved through recovery. She did not note any exceptions to this change.

Pam also saw an overall improvement in sex during recovery, "Instead of quantity, it's quality." She noted that she refuses to be used sexually anymore and sees self-respect as an integral part of good sex.

As was discussed earlier, Edith said that she used alcohol as an excuse to have casual sex. There was evidence that she used alcohol with sex for other reasons as well, "I needed something or I couldn't have sex.... I didn't have any idea that it was enjoyable." During recovery, Edith learned that sex could actually be enjoyable:

> Over the years I started expecting some, some things for myself of that experience [sexual]...that's been one of the big differences, is that it's not all about them. And I have become more open about, um, letting my needs be known.

Edith told me that occasionally her sexual experiences have been more satisfying than sexual experiences before sobriety. She noted that sexual satisfaction has not been consistent throughout recovery. A healthy relationship is now a prerequisite to sexual relationships for Edith. Perhaps it is due to the difficulty she reported in finding an appropriate romantic partner that her sexual experiences have not always met her sober expectations.

After getting sober, Sue found that sex was a more positive experience, "After I sobered up, um, yeah, I enjoyed it more, you know, I enjoyed the man more." Although she enjoyed sex in one relationship in particular after sobriety, she noted that she was not currently interested in having a sexual relationship. The relationships in which she enjoyed the sex also included other elements that she appreciated such as spending time together doing things they both liked. Sue said she continues to enjoy the company of men but, "the minute you ask me out you cross that line. A total turn-off."

One relationship Sue talked about having after sobriety she found disturbing. The man she was dating wore the same cologne as her grandfather who had sexually abused her as a child. After she made this connection in her mind, she could not tolerate being with him. She did not return to drinking following the relationship, but understood there was a connection between drinking and sexual violence in her past. Sue had been date raped earlier in life and said that her drinking after the rape increased dramatically.

These experiences may relate to Sue's current lack of interest in sexual relationships. Although Sue did not talk about feelings of anxiety around sex, she was clear that she did not want it in her life. The literature on CSA and drinking may be relevant to understanding Sue's story. With a history of suffering sexual violence, Sue may have drunk, at least in part, to cope with emotional pain resulting from the abuses.

Each woman reported at least some improvement in the quality of sex after sobriety. The two women who also reported dissatisfaction were clear about what they wanted and did not want sexually in their lives. This too may be significant as it may

have further indicated the development of their relationship with themselves. They were both aware and mindful of their sexual needs.

Beliefs About Sexuality

As was noted in the review of literature, other studies have found some evidence that women's beliefs about sexuality may play a role in the development of and recovery from alcohol use disorders (Covington, 1991; Forrest, 1983). Forrest (1983) postulated that anxiety around sex caused women to use alcohol with sex. This theory was supported by later research by Epstein et al. (1998) finding a connection between CSA, PTSD and sex for women with alcohol use disorders. As was noted earlier, CSA and anxiety were not described as critical to the development of beliefs about sex by three of the four participants in this study, although one participant reported seeing related issues as relevant.

Some of my findings seem to corroborate Covington's (1991) findings that negative beliefs about sexuality may contribute to problem drinking for some women. Three of the four participants in my study saw similar connections in their own experiences.

In this section, I will specifically address and work to answer my research questions using the stories of each participant as well as current literature. These questions included: What are women's beliefs about sexuality at the time of active drinking? How were these beliefs formed? What are women's beliefs about sexuality during recovery from AUD? If these beliefs change for women, what is the nature of the change? If these beliefs change, are these changes important for maintaining sobriety?

As was evidenced by their changes in sexual behaviors, participants reported significant changes in their beliefs about sexuality between drinking and sobriety. Although women told me of having more positive beliefs about sexuality during recovery, it was unclear what two of the four participant's negative beliefs were while drinking. Also unclear was how these women's beliefs about sexuality were originally formed and how or if these beliefs influenced their drinking behaviors.

There was evidence of a consistent trend between participants that changes in women's beliefs about sexuality occurred in the larger context of changes in their relationship with themselves and in romantic relationships. While drinking, sex and drinking were usually intertwined with relationships often being short term and/or unsatisfying. During recovery, sex and beliefs about sexuality became a part of deepening relationships with themselves and deepening expectations in romantic relationships. These changes in beliefs do appear to be significant to sobriety for participants as part of larger changes in beliefs about relationships.

Formation of Beliefs About Sexuality

Evidence supporting Covington's findings that exploitative beliefs about women's sexuality and/or extremely conservative beliefs about sexuality learned early in life may contribute to AUD in women was present in Pam and Edith's stories. Pam was taught from her abusive father that women were sexual objects. She saw this belief as motivating her problem drinking by stripping her of "self-love." Without this self-love, she saw women as vulnerable to further abusive relationships, which in turn motivated drinking.

Edith explained that the restrictive beliefs around sexuality taught to her from the conservative religious background of her parents played a part in her problem drinking. Edith told me, "It [sex] was dirty. It was never talked about... sex was only for procreation when it was (laughs) absolutely necessary, and only when you promised God that you wouldn't have fun (laughs)." These beliefs, among others, left Edith feeling shameful about her sexuality and as was noted earlier, she used alcohol as an excuse to have sex.

The other two participants did not mention negative beliefs about sexuality being taught to them during childhood. Sue's mother taught her that she should not be ashamed of her body and that, "if you, you know, start thinking about sleeping with somebody... there's not too much they [Sue's parents] could do to stop you anyway... she talked about birth control and all that." Sue laughingly added that by the time her mother discussed birth control with her, she was already pregnant. Sue was not explicitly taught from her parents that sex was negative, but may have developed some negative beliefs about sex due to her experiences with CSA and date rape. She did not tell me how or if these experiences effected her beliefs about sexuality.

Trish learned from several sources about sex including peers, relatives and family friends. She said that she was most influenced by the words of a trusted family friend, "sex is a beautiful thing." She was also influenced by her mother, saying of her, "she had no problem flirting, laughing, and talking, and being a wonderful healthy human being." Trish's beliefs about sexuality did become "healthier" during recovery, but she pointed out that for her, "Sex was always a good thing."

One commonality in participants' stories that I found was three of the four women were taught early in life that sex was only appropriate in the context of marriage. The three women who reported this, Edith, Sue, and Trish, were also the three women who reported having casual sexual relationships while drinking and none of these women were currently married at the time of the interview. Each woman had had sex outside of marriage while in recovery. Edith explained, "it's not that I would have to have a marriage license or approval from whomever to have sex with a man, but there definitely has to be a relationship and trust and love."

I noticed this trend after completing the interviews and did not ask any of the women specifically about it. Changing beliefs about sexuality occurred in the context of changing beliefs about relationships for these women, but marriage was not mentioned as the only form of a relationship.

Overall, I did not find a trend in the participants' stories of how their beliefs about sexuality formed. It appeared from the data that each woman had unique experiences with the development of these beliefs. If there were underlying trends, I was not able to locate them in this study.

Sex: A Part of Drinking

One striking similarity between each woman's accounts of her sexual behavior while drinking was the connectedness of sex and drinking. Women's beliefs about sexuality appear to inform their behaviors in this case as women described sex and drinking as simply going together. There was evidence that each woman's beliefs

included some negative perceptions about sex while drinking as each woman talked about developing more positive beliefs following recovery.

Of her beliefs about sex while drinking, Edith said, "before, sex was something that I did either to or with someone…now I would say that sex would be something that I would share." Edith said sex had been a tool for manipulation or something shameful to be excused before. Pam believed she was a sexual toy while drinking and allowed herself to be treated like one by her partner. Trish reported always seeing sex as positive but also reported, "I think all in all my attitude is a lot healthier, " now that she was sober. Sue liked "the whole idea of it [sex]," more after getting sober, but did not explain having negative beliefs about sex while drinking.

Interestingly, there was not a uniform explanation for the connection between sex and drinking between the four participants, nor an articulated theme of negative beliefs about sex. Edith and Pam were explicit in their explanations of negative beliefs about sexuality, but Trish and Sue addressed negativity indirectly by talking about having more positive beliefs after getting sober.

Although the underlying beliefs about sexuality at the time of drinking were not clearly articulated for each participant, there was an apparently strong relationship between drinking and sex. These two behaviors were linked in the minds of each participant, and when drinking was eliminated from their lives, sex and beliefs about sex changed significantly. I explore possible explanations for the relationship between sex and drinking later in the discussion section using current literature.

Sex: A Part of Relationships

An important similarity between participants' beliefs about sexuality may be that the nature of the romantic relationships within which sex occurred became more important during recovery. Further, positive changes seen in women's beliefs occurred within a context of significant changes in women's relationships with themselves. Sex for the participants was no longer connected with drinking, but with relationships. Unlike the casual or abusive relationships common during drinking, the relationships women had, or wanted to have during recovery more often included reciprocity, emotional intimacy and/or consideration of the mental health of their partner.

After sobriety Edith valued a healthy relationship above sex and saw sex as, "a choosing on both parties' parts…something that you share with another person and that is meaningful." As was noted earlier, her expectations of the relationship within which sex occurred changed to include the sobriety of her partner and no violence.

Sex was taken from the context of drinking and placed into the context of healthy romantic relationships for Trish. She believed this change was a healthy improvement to having sex in the context of drinking.

Pam learned as a child and believed throughout her drinking as an adult that she was a sexual toy. She no longer believed this after getting sober and saw her changing beliefs about sexuality as a result of the self-love and self-respect she had developed through recovery. The relationship within which she had sex also changed significantly as she was no longer willing to be treated disrespectfully by her partner.

Sue was less explicit about the changes in her beliefs than a few of the other participants, but she did explain that the relationship she had found satisfying after sobriety included more than just sex, it was "a two way street," of mutual affection and kind actions.

Although it is unclear what two of the four participants believed about sexuality at the time of drinking, each woman reported having more positive beliefs about sexuality during recovery. What does seem clear is that the more positive beliefs about sexuality occurred in the context of changes in women's relationships with themselves and their relationships with a partner. Women became more aware and expressive of their needs in romantic relationships. This change may work to explain the changes seen in women's beliefs about sex, as sexuality became part of the larger whole of women's beliefs and experiences. It seems likely that changes in beliefs about sexuality are significant to sobriety within this context. There does not appear to be a separation between the quality of relationships and the quality of sex in the lives of the participants.

Discussion

In my study, I found significant relationships between women's drinking, sex and the relationships they had with themselves and romantic partners. I also found that these relationships changed during their recovery process. There was evidence in each woman's story of a poor or lacking relationship with herself while drinking, as illustrated by their reports of feelings of worthlessness and poor self-care. Relationships with romantic partners were described as minimal and included multiple one-night-stands, a lack of emotional intimacy, and even abuse. Each woman connected these relationships to problem drinking. Three of the four women described the sex in their relationships as lacking in some way, and all four women saw some improvement in sex after becoming sober. Improvements in their sexual life after sobriety appear to be due in part to changes in their relationships with themselves, as they became more aware of and committed to their own needs, and expectations of and experiences with romantic relationships.

I will begin to develop a theory of the relationships between the themes that emerged from the data. I will also explore the overall significance of this theory within the current literature, the limitations to this study, and recommended areas for future studies.

In seeking to understand the complex interactions between women's relationships with themselves, with a romantic partner, drinking, and sexuality, I have developed two models. One model explains these relationships while women were actively drinking, and one model represents these relationships during recovery. I used the grounded theories approach to theory development (Strauss & Corbin 1998) whereby I utilized themes

emerging from the data to construct theories. I have worked to use the participants' own reasoning and explanatory models. What follows are visual and written explanations of the relationships between emerging themes and how my research questions fit within these relationships.

Theory: Shifting Relationships

I asked the participants a series of questions designed to inquire about the beliefs and experiences they had regarding their sexuality during drinking and sobriety. I wanted to know if beliefs about sexuality played a significant role in their Alcohol Use Disorders and if changes in these beliefs occurred during recovery, which were significant to the maintenance of sobriety. As the result of these interviews, I found a complex set of relationships in which beliefs are only one piece of the puzzle.

Drinking, Relationships & Sex

When asked questions about their sexual experiences and romantic relationships while drinking, participants answered by discussing a series of interacting relationships with themselves, romantic partners, drinking behavior and sex. There were consistencies between women's stories. I have developed a theory to describe and explain these relationships (see Figure 1).

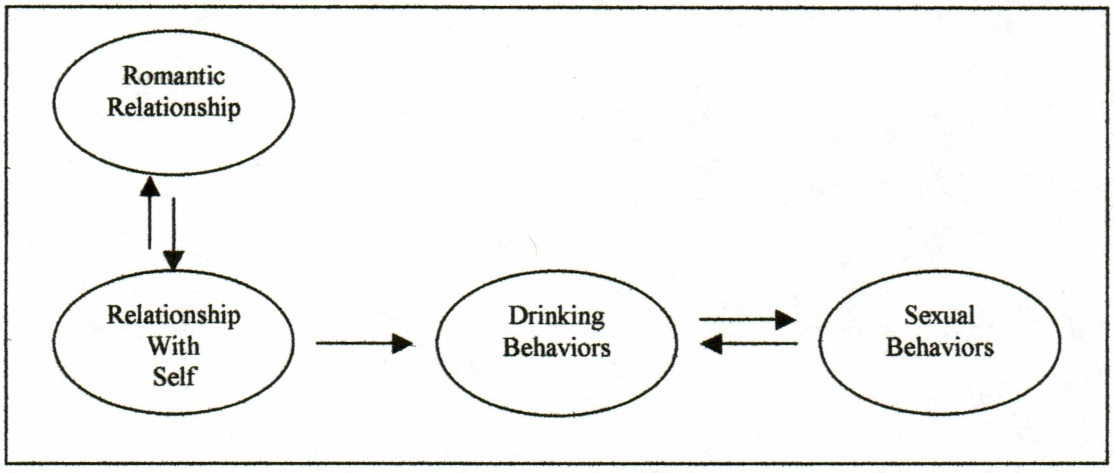

Figure 1: Relationships between self, romantic partners, drinking and sexuality for women with AUD.

As I reviewed the data, it became clear to me that the relationship the women had with themselves was central to their drinking behaviors and recovery process. Examples of the women's descriptions of their relationships with themselves while drinking included: Sue's inability to be alone with herself, Trish's poor care of her physical health, Pam's feelings of worthlessness, and Edith's shame about her behavior. These findings further support Covington's (1991) work which suggests that alcoholic women often have negative feelings about themselves and their sexuality, feel alienated from their bodies, and lack emotional intimacy with themselves. Covington viewed these as critical issues for women to address in their recovery in order to stay sober, and also to assist in their emotional, mental and physical healing.

For three of the four women, the relationships they had with themselves informed their romantic relationships. Casual sexual relationships were not necessarily seen as negative by participants, but seemed to lack qualities they found necessary in

relationships after getting sober. Covington (1991) saw casual sex as sexual "acting out" by women with alcoholism. Only one of the three participants who reported having casual sex while drinking described this behavior in terms similar to Covington. Like other women in Covington's research, however, the women in my study also ceased having casual sexual relationships during their recovery.

Another issue relevant to participants' drinking was unsatisfying and/or abusive romantic relationships. Pam, Sue, and Edith each related poor relationships with romantic partners with problem drinking. The relationship between romantic relationships and drinking may be recursive as low expectations of another led in some cases to unhealthy, even dangerous situations, motivating problem drinking, which in turn reinforced low expectations of another and unhealthy situations. Pam and Sue noted that these unhealthy romantic relationships further diminished their sense of worth. Pam believed this to be the foundational problem for women with AUD.

Covington (1991) noted that relationships, which involved one or both partners' having an addiction, were fundamentally compromised, as the addict is more concerned with his or her relationship with alcohol than with the partner. As a result, one or both partners are unavailable emotionally, and intimacy is impossible. The experiences of the women in my study included a lack of emotional intimacy with partners and a preoccupation with drinking.

The women in my study, however, did not describe their addiction as the primary reason for a lack of intimacy in their relationships. Instead, they saw the relationships with partners as lacking for reasons that differed between women and included the

selfishness of a partner, the unhealthy emotional state of both herself and her partner, as well as expectations of being abused by a partner established during childhood. The women described drinking as the result of these relationships with self and other. Three of the four women reported that poor romantic relationships helped motivate their drinking behavior, and that drinking behavior fed back into the development of poor romantic relationships.

In his examination of the partners of women in recovery from drug addiction, Laudet (1999) offers an explanation as to why poor romantic relationships work to motivate problem drinking. He found that although partners of addicts expressed feeling negatively about their partner's addiction and supported their sobriety, most male partners were passive and inconsistent in actually supporting women's attempts to get sober. Laudet provided several possible explanations, including the addiction of the male partner and insecurity about possible relationship changes after sobriety as these relationships developed around addiction. Similarly, I found in my research that drinking was a problem for the long-time partners of at least two of the participants, and all four women mentioned drinking by romantic partners at some point while they drank. Three of the participants believed the relationships they had with their partner contributed to their own drinking. Once women got sober, relationships changed significantly for them. They no longer tolerated problem drinking in their partner. In his research, Laudet describes why relationships contribute to problem drinking for women by explaining that the women's partners at the time of drinking may not have been supportive of sobriety, particularly if they had drinking problems and were not willing to begin recovery.

Though improvements in their relationships with themselves were a key factor to getting and staying sober, none of the women spoke with me directly about how their drinking might have damaged these relationships. Other researchers have found high levels of guilt around drinking for women (Kirkpatrick, 1977; Kaskutas, 1994). Only one participant in my study discussed feelings of guilt and this guilt was more about her behaviors while drinking than the drinking itself.

During active drinking, sex did not appear to be directly connected either to their relationships with themselves or to another. Instead, sexuality was, in almost all cases, expressed in connection to drinking. While actively drinking, the women in my study usually or always had sex while drunk.

The works of Forrest (1983) and Epstein (1998) do not appear to provide an explanation for this finding in my study. They proposed a causal relationship between sex and drinking in which women with anxiety around sex used alcohol to control this anxiety in order to engage in sex. The women in my study did not address issues of fear or anxiety in connection to sex. Instead, they saw sex and drinking as occurring simultaneously. When I asked specifically about the relationship between drinking and sex, three of the four women saw the relationship as complementary. Drinking and sex were part of the same situation, particularly if the sexual relationships were casual and began at parties or in public places such as bars.

The results of my study may correspond with the work of Covington (1991) who wrote that women's sexual inhibitions lower when drinking and men tend to perceive women drinking as being more willing to have sex. Men then become more sexually

aggressive with women whose inhibitions are lowered, often leading to sexual experiences women would not have had while sober. Only one woman in my study reported using alcohol to lower sexual inhibition directly, though other participant's may have had similar experiences but did not describe them as explicitly. Covington's work may help explain why women in my study did not continue having casual sexual experiences during recovery.

In addition, Covington's assertion that societal values that exploit women's sexuality contribute to problem drinking may also provide a context within which to understand my findings. Although each participant appears to have had some differences in beliefs about sexuality while drinking, all women reported seeing sex as part of drinking. Two of the participants seemed to believe that having a good time involved both drinking and sex. Origins of this belief may not be difficult to ascertain if one observes popular media messages and cultural conditions within which these women operated. The belief that, in order to have a good time and, perhaps, be a good time, one must drink and have sex may have contributed to problem drinking for some participants. This belief may have been problematic if women were seeking to fulfill their personal needs, including sexual and emotional intimacy, through prescribed social interactions that could not meet them sufficiently.

Due to insufficient data, I cannot make a strong statement of the nature of the relationship between sex and drinking. It was clear, however, that these women believed sex and drinking were inextricably linked into a complementary relationship while drinking, and they expressed this belief through their behavior.

In addition, I also found evidence in my study that negative beliefs about sex may have informed the relationship between drinking and sex. As was noted earlier, two of the four participants discussed negative beliefs about sex while drinking explicitly, and all participants reported having more positive beliefs about sexuality during recovery. Having negative beliefs about sexuality may have compromised the women's relationships with themselves and others. Covington (1991) proposed in her work that accepting one's sexual self is an essential piece of recovery. Learning to accept and have more positive beliefs about their sexuality may have been an important piece of recovery for most of the women in my study as it may have contributed to improvements in their relationships with themselves.

There did not appear to be a direct connection between women's relationships with themselves and sex while drinking. Two of the women spoke of being unaware of their own sexuality and sexual needs while drinking. All participants communicated in increase in awareness of their sexuality and sexual needs after sobriety. As sex occurred simultaneously with drinking, it makes sense that sexual behaviors were informed through the filter of drinking, and not directly by women's relationships with themselves or a partner.

I was unable in my study to find a strong and consistent trend among participants of how beliefs about sexuality were originally formed and what they were at the time of drinking. Each woman had unique experiences with who taught her about sex during childhood, what she was taught, and how she perceived sex, including her own sexuality, at the time when drinking became a problem.

In summary, at the time of drinking, women's lacking relationships with themselves reinforced and were reinforced by lacking relationships with partners. Romantic relationships fed into and were fed by problem drinking behaviors. Participants' relationships with themselves motivated problem drinking, but women did not directly connect problem drinking back with their relationships with themselves. Neither romantic relationships nor women's relationships with themselves were directly connected with sexual behaviors. Instead, sex occurred in a complementary relationship with problem drinking where both tended to occur simultaneously.

Sobriety, Relationships and Sex

Each participant experienced significant changes in her relationships with herself, romantic partners, and sexuality during recovery. I found consistent patterns in these changes between the participants (see Figure 2). With the cessation of drinking, women saw the connection between relationships with themselves and others and sex become more direct. Women's relationships with themselves deepened and informed romantic relationships. Sex no longer occurred primarily in the context of drinking, but became a part of these relationships.

Kaskutas (1996) emphasized in her work with Women For Sobriety that women in recovery needed to move beyond feelings of guilt, powerlessness and depression and begin developing a stronger self-image and self-esteem in order to stay sober. I found in my study women's relationships with themselves changed significantly during recovery, and participants saw these changes as critical to maintaining sobriety. Edith spoke of coming to a new level of self-acceptance, Pam talked about learning to love herself, Sue

was able for the first time to spend time alone and enjoy it, Trish began taking better care of her health.

Pam, Edith and Sue saw these changes as connected to changes in romantic relationships. As their level of intimacy increased with themselves, expectations of intimacy with another also increased for three of the four women. In one case, an increase in intimacy with herself eventually led her to being satisfied alone. Each woman talked about some improvements in romantic relationships after recovery and all women spoke of changes in their expectations of relationships.

Without alcohol acting as a mediator between women's relationships and sex (see Figure 2), participants appear to have changed some of their beliefs about sexuality. As sex no longer occurred simultaneously with drinking, sex was placed more directly into the context of relationships. These relationships tended to be qualitatively different after sobriety. Women wanted a "two-way-thing" or, in Sue's case, nothing at all. None of the three women who had engaged in casual sex while drinking continued this behavior during recovery. Each woman spoke of having more positive beliefs about sexuality after sobriety and all reported having at least some experiences with more satisfying sex during recovery. In fact, Trish "highly recommended" sober sex. It may be worth noting that the reduction in the frequency of sex for each participant after sobriety may be related to the increase in expectations of a romantic relationship and the apparent or clearly articulated willingness of each participant to be alone if these expectations were not met.

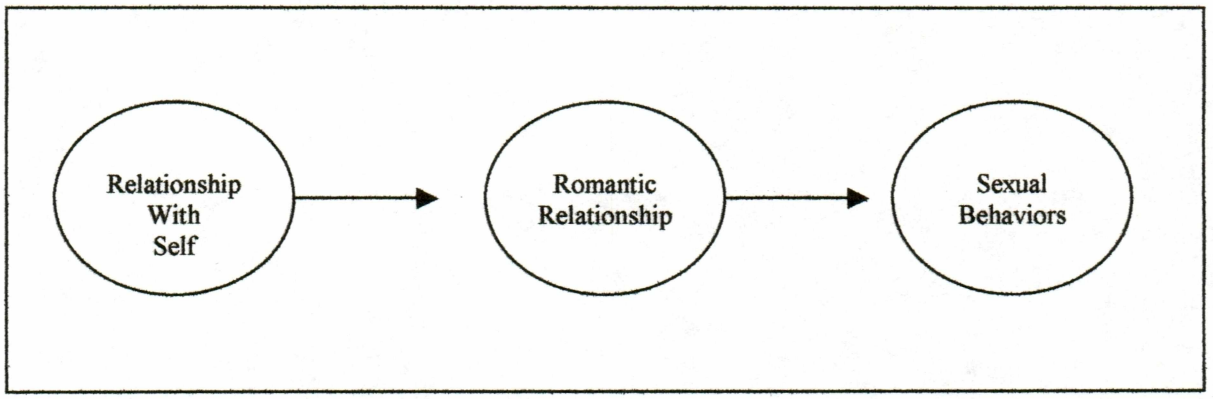

Figure 2: Relationships between self, romantic partners and sexuality during recovery.

I believe the changes seen in women's beliefs about sexuality are significant to the maintenance of recovery because these changes are indicative of deeper changes that occur within women's relationships with themselves and with their partners. Positive changes in beliefs about sexuality may be part of increasingly positive beliefs about themselves and increasingly satisfying romantic relationships.

However, sobriety does not appear to rest on women's beliefs about sexuality, or even their experiences with sexuality. Rather, participants told stories of recovery through improved relationships with themselves and with others. Sexuality is one part of the larger whole. Each participant spoke of overall improvements in her life after sobriety and each seemed to value her recovery greatly. As Sue told me, "I am a grateful alcoholic," grateful that she is no longer drinking, and grateful that her life is better than it was when she drank.

Covington (1991) explored the relatedness and importance of women in recovery learning not only about their sexuality, but their minds as well. Developing emotional intimacy with and acceptance of oneself was also seen as critical for sobriety. The

women in my study spoke directly or indirectly to these themes and, in fact, it was these themes that were central to how women were able to get and stay sober.

In summary, women's relationships with themselves changed significantly during sobriety to include greater self-esteem and knowledge of what they did and did not want in relationships. As their relationships with themselves changed, so too did their expectations of romantic relationships. Participants now expected a "two-way thing" where their needs were met within the relationship. Sex after sobriety also changed, no longer occurring within the context of drinking, sex was now part of a sober romantic relationship. Although changes in beliefs about sexuality were significant to women's sobriety, they were not the cornerstone to recovery. Rather, these changes indicated deeper changes in how women perceived themselves and related with others.

Additional Findings

This is a small study into alcohol abuse and recovery in women. The methods I used in this study may help to explain some of the differences between my results and the results of other studies.

Dexter (1995), Chiavaroli (1992), and Covington (1992) found that addressing issues of childhood sexual abuse in recovery were key to getting and staying sober for many women with AUD. The large amount of literature exploring the critical importance of CSA to drinking and recovery for women (Clay, Olsheski, & Clay, 2000) was not as relevant to this exploration as I might have predicted because these issues did not take center stage in participants' explanations of sex and relationships in their lives. I did not ask participants directly about issues of CSA, but instead asked general questions about

their beliefs about and experiences with sexuality and drinking. Had I asked participants specifically about CSA, I may have gotten different responses. For example, some participants may have been silenced around issues of CSA in their lives and may not have been comfortable discussing them with me without CSA being addressed directly. There may also be reasons women would not have offered information about CSA to me, as I was both a stranger and a researcher.

It may be possible that these women did not see issues of CSA as a central issue to their drinking and sobriety as evidenced by other studies. Asked general questions about sexuality, these women discussed subjects including relationships, casual sex, and codependency. It is possible that underlying trauma informed these experiences for some women, but in my study women addressed more immediate concerns of quality of relationships and personal needs. This finding may be significant for women in recovery as immediate concerns may be influential to staying sober on a day-to-day basis and worth consideration. What seemed powerful for these women's recovery were changes in beliefs and behaviors from those that diminished women's relationships with themselves to beliefs and behaviors that added to this relationship. Without further investigation, it is not possible to determine why issues of CSA were not a more central finding to this study.

None of the participants discussed having feelings of anxiety about sex before or after recovery, which may have been predicted by Forrest (1983) and more recently Epstein et al. (1998). Again, I did not ask specifically about anxiety or other negative feelings about sex and I may have had different findings if I had. However, when asked

about the relationship between drinking and sex, participants spoke of such issues as casual sex and codependency not anxiety or fear. Even when I inquired further about the nature of the relationship between drinking and sex using open questioning, anxiety was not associated with drinking and sex by these participants. As with issues of CSA, it is possible that anxiety and fear may be issues that these women were not willing to discuss with me at the time of the interview, were not aware of, or did not think to discuss.

Limitations Of This Study

Perhaps the most critical limitation to my study is the small sample size. It is impossible to generalize my findings to the larger population, because they may be an artifact of this particular group of women.

The general nature of my sampling techniques may have contributed to the differences between my findings and the findings of other researchers. My criteria for recruiting participants included only that they were women in long-term recovery from AUD. I did not look more specifically for characteristics such as ethnicity, age, or common experiences other than recovering from AUD. In studying the importance of healing issues of CSA for women in recovery, Millar and Stermac (2000) drew a small sample of women in recovery for three or more years who self-identified as survivors of CSA. Had I used histories of CSA as part of my criteria for recruitment, participants may have been more likely to discuss issues of CSA.

There were several ethical and logistical issues that led me to choose my recruitment techniques. Although I am satisfied with the results, these techniques introduce another level of limitation to my study. By designing a convenience sample

where women contacted me, I may have recruited women who differ from the general population of women in recovery. The women in my study tended to be middle-aged and had been in recovery for many years. They were also motivated to participate as they contacted me, went through an initial screening on the phone and took time to meet with me in person for the interview.

I may have gotten different results if I had used techniques that allowed women to take a less active role in recruitment. An example of this is Epstein's (1998) study where recruitment occurred over the phone using random digit dialing and multistage geographic sampling techniques. Although the median age for women in this study was similar to mine, the median age for women in Epstein's work was forty-four years old; the standard deviation was seventeen years. In my study, the standard deviation for participants' ages was around four years. This difference may be significant as women from different generations may vary in many ways including willingness to speak with a researcher, perspective on personal issues and number and quality of life experiences. These differences could inform women's answers to research questions and therefore, change study results.

Further, conducting the interviews in person may have affected the outcomes of the interviews, as anonymity could not be established. Women may have provided different types and amounts of information about their lives if they felt anonymous.

Another limitation to my study was that I met each woman only once for about an hour or less. In Forrest (1983), Kasl (1989), and Covington's (1991) work, data was gathered from several sources with particularly rich data coming from women they had

worked with in clinical settings or from series of interviews with the same woman. Considering the potentially sensitive nature of the questions, my design may have affected my results. I found that it took at least an hour before some participants appeared relaxed, by which time the interview was almost completed. A research design that included multiple interviews may have worked towards building trust and familiarity between the participants and myself. An increase in time spent on the interview questions and trust with the interviewer may have yielded different or more complete answers from participants to my research questions.

Directions for Future Research

Areas of future research that appear indicated by my findings include an exploration of the casual sexual relationship during drinking, the lack of centrality of CSA issues in the stories of women, and changes in women's relationships with themselves and with romantic partners. The prevalence of casual sex while women were drinking emerged during data analysis. Developing a more complete understanding of why women chose to have these relationships while drinking, but not while sober may add to the literature on changes in women's beliefs about sexuality and relationships. Further, exploring in greater depth the complementary relationship between sex and drinking may further illuminate the findings of this study in the context of past research.

Also of potential importance was what women talked about as critical to recovery and what they did not talk about. Issues of CSA may have been prevalent and important to the participants in my study, but because of my research techniques were not explored. It may also be possible that these women and others in recovery may not see CSA as

being as central to the processes of addiction and recovery as may be indicated by the literature. Studies comparing women in recovery with issues of CSA and without issues of CSA could illuminate the importance of these issues as well as similarities in the process of recovery for both groups. It may be particularly interesting to study women's relationships with themselves between groups in order to explore possible similarities and divergences in experiences.

Another area of interest to the investigation of recovery for women may be age. As all of the participants in my sample were middle-aged and most had been sober for a number of years, it is possible that many of the changes were due to maturation. Three of the four participants noted when answering questions about changing beliefs about sexuality that age as well as sobriety may have effected these changes in their lives. When reviewing the interview materials I wondered whether maturation with age would have occurred if these women had not stopped drinking.

Further, I wondered if there were there generational considerations that could be examined. Women of retirement age and young women may have different generational norms that would inform their beliefs about and experiences with sexuality and drinking.

Finally, a further investigation of the changes found in women's relationships with themselves and others and how these relationships relate to sex may be important. The apparent separation of sex from relationships through drinking may indicate reasons for the development of problem drinking and important steps to recovery. More research into the development of relationships for women in recovery may further articulate key elements to successful recovery in the literature.

Conclusion

In my study I sought to explore the relationship between women's beliefs about sexuality and AUD. What I found in the accounts of four women were multiple changes occurring between drinking and recovery seeming to originate with fundamental changes to how they related with themselves. Through this primary relationship, women began relating differently to romantic partners, wanting more reciprocity in these relationships. Sexuality, which had been strongly connected with drinking in the minds of all four participants while drinking, was put into the context of these new beliefs about romantic relationships. As women's relationships with themselves seemed to deepen throughout the recovery process, so too did their expectations of a romantic relationship and their beliefs about sexuality.

Although it appears that beliefs around sexuality and relationships changed for each participant, they did not necessarily report consistent changes in their sexual relationships. It may be worth noting that women who had been in abusive relationships while drinking did not report these same experiences during recovery. Also, women who had had casual sexual experiences while drinking, no longer had these relationships when sober.

Ultimately, I believe my most important findings are the qualitative changes that occurred in women's relationships with themselves and others. Although women's beliefs about sexuality appear to be important to recovery for the women I interviewed, these beliefs were important within the context of relationships. As I predicted through

reviewing Covington and Kasl's methodologies, my findings were wider in breadth than they may have been if I had used a quantitative design.

Appendix A

Recruitment Flier

Attention Women In Recovery

Are You Interested in Sharing Your Experiences of Recovery from Alcoholism in a Research Study through the UAF Psychology Department?

I would like to talk with you about changing beliefs about sexuality during recovery from alcoholism.

If you are interested in being interviewed, please contact me at 456-1643, email me at *ftpsm@uaf.edu,* or send me a note with contact phone number and/or email address:

Attn: Patty Moore
Psychology Department
University of Alaska Fairbanks
P.O. Box 756480
Fairbanks, AK 99775-6480.

Appendix B

Original Interview

I am going to be asking you a couple different kinds of questions. Some questions will give me background information and will help me understand your story better. Other questions will be more specific and will address drinking and sexuality. The interview should take about an hour. If this is not enough time, and you would like to take more than an hour to complete the interview, we can take more time. This interview is voluntary and you are free to end it or take a break at any time. Are you ready to get started?

1. What is you age?
2. Do you have children? (If "No" skip to question 4)
3. How old were you when you had your children?
4. Are you currently married or in a long-term relationship?
5. How old were you when drinking became a problem?
6. Has drinking been a major part of the important relationships in your life?
   Probe: Could you tell me more about this?
7. How long have you been sober?
8. Have you been through treatment for your drinking problem? (If "No" skip to question 10)
9. Were issues related to sex discussed in your treatment program?
   Probe: Could you tell me more about this?
10. Have you been involved with a self-help group for your drinking problem such as Alcoholics Anonymous? (If "No" skip to question 12)
11. Are/were issues related to sex discussed in the self-help group?
    Probe: Could you tell me more about this?
12. What were some of the things you learned about sex when you were growing up?
13. How have these things affected your romantic relationships over your lifetime?

14. Did your drinking affect your romantic relationships?
    Probe: How did your drinking affect your romantic relationships?
15. Do you think about sexuality differently now than when you were drinking?
    Probe: Could you tell me about this?
16. Have your romantic relationships been different since you stopped drinking?
    Probe: Could you tell me more about this?

I am going to ask you one closing question.

17. What are some of the most important things in your life that help you stay sober?
    Probe: In what ways do these things help you stay sober?

Thank you for your time and your honesty. Telling your story has helped out my project a lot.

Appendix B Continued

Alternate Interview

I am going to be asking you a couple different kinds of questions. Some questions will give me background information so I can understand your story better. Other questions will be more specific and will address drinking and sexuality. The interview should take about an hour. If this is not enough time, and you would like to take more than an hour to complete the interview, we can take more time. This interview is voluntary and you are free to end it or take a break at any time. Are you ready to get started?

1. How long have you been sober?
2. How old were you when drinking became a problem?
3. Has drinking been a major part of the important relationships in your life?
   Probe: Could you tell me more about this?
4. Have you been through treatment for your drinking problem? (If "No" skip to question 6)
5. Were issues related to sex discussed in your treatment program?
   Probe: Could you tell me more about this?
6. Have you been involved with a self-help group for your drinking problem such as Alcoholics Anonymous? (If "No" skip to question 8)
7. Are/were issues related to sex discussed in the self-help group?
   Probe: Could you tell me more about this?
8. What were some of the things you learned about sex when you were growing up?
9. How have these things affected your sexual relationships over your lifetime?
10. Did your drinking affect your sex life?
    Probe: How did your drinking affect your sex life?
11. When you were drinking, did you usually drink before you had sex?
    Probe: Could you tell me some of the reasons why you did that?
12. Do you think about sexuality differently now than when you were drinking?
    Probe: Could you tell me more about this?
13. Has your sex life been different since you stopped drinking?
    Probe: Could you tell me more about this?
14. What are some of the most important things in your life that help you stay sober?
    Probe: In what ways do these things help you stay sober?

I am going to ask you a few questions for some background information then we'll be done.

15. What is your age?
16. Do you have children?
17. How old were you when you had your children?

That's everything. Thank you so much for your honesty and time. Your story has helped out my research a lot.

Appendix B Continued

Final Interview

I am going to be asking you a couple different kinds of questions. Some questions will give me background information so I can understand your story better. Other questions will be more specific and will address drinking and sexuality. The interview should take about an hour. If this is not enough time, and you would like to take more than an hour to complete the interview, we can take more time. This interview is voluntary and you are free to end it or take a break at any time. Are you ready to get started?

1. What is your age?
2. Do you have children?
3. How old were you when you had your children?
4. How long have you been sober?
5. How old were you when drinking became a problem?
6. Has drinking been a major part of the important relationships in your life?
   Probe: Could you tell me more about this?
7. Have you been through treatment for your drinking problem? (If "No" skip to question 6)
8. Were issues related to sex discussed in your treatment program?
   Probe: Could you tell me more about this?
9. Have you been involved with a self-help group for your drinking problem such as Alcoholics Anonymous? (If "No" skip to question 8)
10. Are/were issues related to sex discussed in the self-help group?
    Probe: Could you tell me more about this?
11. What were some of the things you learned about sex when you were growing up?
12. How have these things affected your sexual relationships over your lifetime?
13. Did your drinking affect your sex life?
    Probe: How did your drinking affect your sex life?
14. When you were drinking, did you usually drink before you had sex?
    Probe: Could you tell me some of the reasons why you did that?
15. Do you think about sexuality differently now than when you were drinking?
    Probe: Could you tell me more about this?
16. Has your sex life been different since you stopped drinking?
    Probe: Could you tell me more about this?
17. What are some of the most important things in your life that help you stay sober?
    Probe: In what ways do these things help you stay sober?
18. Is there anything else that you would like to add?

That's everything. Thank you so much for your honesty and time. Your story has helped out my research a lot.

Appendix C

Informed Consent

Consent Form

"Women, Alcohol Use Disorders and Sexuality: An exploration of Women's Beliefs"

Patricia Moore, Investigator (907) 456-1643
UAF IRB Chair (907) 474-7800

This study will be used in my master's thesis for my Master's Degree in Community Psychology from the University of Alaska Fairbanks. In my study, I would like to learn about the beliefs women with alcoholism have about their sexuality. I would like to know if what women believe about their sexuality influences their drinking behavior and staying sober. If women's beliefs about their sexuality do influence drinking and sobriety, knowing more about this might help women to get sober in the future.

I will study women with alcoholism who have been sober for three or more years. Between seven and ten women will be recruited from the Fairbanks, AK area to participate in the study. Each woman will be interviewed once and the interviews will take about an hour. The interviews will include questions about women's sexuality and general questions about drinking behaviors. Questions will not be asked specifically about traumatic experiences including sexual, physical, and verbal abuse.

Your participation in my study is completely voluntary. Some interview questions may remind you of painful experiences. If you feel uncomfortable with any question, you do not have to answer it, you are also free to end the interview or withdraw from the study at any time without penalty. If, at any time, you need a break from the interview, you are free to leave the room. I encourage you to be aware of your feelings and to let me know if you want to skip a question, take a break, or end the interview.

Your identity is confidential. You will be assigned a number and this number will be used in place of your name on all research materials. This means that the audiotapes of this interview, the transcripts of this interview, interview notes, and anything written up for the final paper will not include your name. The names and numbers will be written on a piece of paper which will be kept locked in a secure office in the Psychology Department. All audiotapes, transcripts, and interview notes will be kept in a locked cabinet in a different office from where the names and code numbers are kept. Only I will have access to your identity and the interview materials. The final paper will include quotes from participants.

Appendix C Continued

Consent Form Continued

**"Women, Alcohol Use Disorders and Sexuality:
An exploration of Women's Beliefs"**

You will not be identified in the paper as being from the Fairbanks area, but as being from Alaska.

This interview will be audio recorded unless you tell me you do not want it audio recorded. I will keep all audio recordings in a locked cabinet in the Psychology Department when not in use. The tapes will be erased and destroyed after the study is done. I will be the only person with access to them. If you do not want the interview audio recorded, please tell me at this time. If you agree, please check the box indicating permission to audio record and give your signature on this consent form.

I will give you a five dollar gift certificate as a small gift of appreciation for taking part in my study.

If you have any questions about this study or have any problems as a result of this study, please contact me, Patty Moore, at (907) 456-1643, email me at ftpsm@uaf.edu, or write to me at: Department of Psychology, Attn: Patty Moore, University of Alaska Fairbanks, Box 756480, Fairbanks, AK, 99775-6480. You can also contact my research supervisor, Cecile Lardon, at (907) 474-5272. If you have any questions about your rights as a research participant, contact the UAF IRB Chair by phone at (907) 474-7800 or at fyori@uaf.edu.

_____

Participant's Signature Date

_____

Participant's Name (Please Print Clearly)

_____ Yes, I give permission to have this interview audio recorded:

_____

Participant's Signature Date

_____ The participant has indicated that she is or could be pregnant:

_____

Participant's Signature Date

Appendix D

Participant Resource List

Resource List

If, for any reason, you feel a need for support following this interview, please contact one or more of the following community resources listed below.

Al-Anon
Phone number: 456-6458

Alcoholics Anonymous
Phone number: 456-7501
Address: Northward Bldg Suite 207 Fairbanks

Fairbanks Community Mental Health
Phone number: 452-1575
Address: 122 1ST Ave 4th Floor Fairbanks

Fairbanks Counseling & Adoption
Phone number: 456-4729
Address: 912 Barnette St. Fairbanks

Fairbanks Memorial Hospital
Phone number: 458-5540
Address: 1650 Cowles St. Fairbanks

Fairbanks Memorial Hospital Family Recovery Center
Phone number: 458-5540

Interior Alaska Center for Nonviolent Living formally "WIC-CA"
Phone number: 452-2293
Address: 717 9th Ave. Fairbanks

UAF Health and Counseling Center
Phone number: 474-7043
Address: 2nd Floor Health, Safety and Security Bldg, UAF Campus

References

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition.* Washington, DC: American Psychiatric Association.

Beck, Aaron T. et al (1993). *Cognitive Therapy of Substance Abuse.* New York: The Guilford Press.

Blatchley, Robert J. et al. (2000). Childhood Sexual Abuse Among Female Addicts and Changes in Parenting Across Two Generation. *The Science, Treatment, and Prevention of Antisocial Behaviors*, Chapter 14. Kingston, NJ: Civic Research Institute, Inc.

Brown, Pamela (2000). Outcome in female patients with both substance use and Posttraumatic Stress Disorder. *Alcoholism Treatment Quarterly, 18(3),* 127-135.

Chiavaroli, Tonya (1992). Rehabilitation from substance abuse in individuals with a history of sexual abuse. *Journal of Substance Abuse Treatment, 9*, 349-354.

Clay, Karrie M, Olsheski, Jerry A., Clay, Steven W. (2000). Alcohol Use Disorders in Female Survivors of Childhood Sexual Abuse. *Alcoholism Treatment Quarterly, 18(4),* 19-29.

Covington, Stephanie, & Kohen, Janet (1984). Women, Alcohol, and Sexuality. *Advances in Alcohol and Substance Use, 4(1).*

Covington, Stephanie (1991). *Awakening Your Sexuality: A Guide for Recovering Women.* Center City, MN: Hazelden.

Covington, Stephanie (2000). Helping Women Recover: A Comprehensive Integrated Treatment Model. *Alcoholism Treatment Quarterly, 18(3),* 99-111.

Epstein, Jeffery et al. (1999). PTSD as a Mediator Between Childhood Rape and Alcohol Use in Adult Women. *Child Abuse & Neglect, 22(3),* 223-243.

Forrest, Gary G. (1983). *Alcoholism and Human Sexuality.* Springfield, IL: Charles C. Thomas Publisher.

Gavaler, Judith et al. (1993). Sexuality of Alcoholic Women with Menstrual Cycle Function: Effects of duration of alcohol abstinence. *Alcoholism: Clinical and Experimental Research, 17(4),* 778-781.

Gavaler, Judith et al. (1994). Sexuality of Alcoholic Postmenopausal Women: Effects of duration of alcohol abstinence. *Alcoholism: Clinical and Experimental Research, 18(2),* 269-271).

Goldberg, Margaret (1995). Substance-Abusing Women: False stereotypes and real needs. *Social Work, 40,* 789-798.

Grant, B. et al. (1994). Prevalence of DSM IV Alcohol Abuse & Dependence, United States. [on-line] Available: NIAA website.

Harvey, Sandy Marie (1984). *The Interrelationships of the Menstrual Cycle, Alcohol Use and Female Sexuality.* Los Angeles: University of California.

Hawke, Josephine M, Jainchill, Nancy, Leon, George D. (2000). The Prevalence of Sexual Abuse and Its Impact on the Onset of Drug Use Among Adolescents in Therapeutic Community Drug Treatment. *Journal of Child & Adolescent Substance Abuse, 9(3),* 35-49.

References Continued

Kaskutas, Lee Ann (1994). What Do Women Get Out of Self-Help? Their Reasons for Attending Women for Sobriety and Alcoholics Anonymous. *Journal of Substance Abuse Treatment, 11(3),* 185-195.

Kaskutas, Lee Ann (1996). A Road Less Traveled: Choosing the "Women for Sobriety" Program. *Journal of Drug Issues, 26,* 77-94.

Kauffman, Stephen, Silver, Paula, Poulin, John (1997). Gender Differences in Attitudes Toward Alcohol, Tobacco, and Other Drugs. *Social Work, 42(3),* 231-241.

Kirkpatrick, Jean (1977). *Turnabout: New Help For the Woman Alcoholic.* Dubuque: Kendall/Hunt Publishing.

Laudet, Alexandre et al. (1999). Male Partners of Substance-Abusing Women in Treatment: An Exploratory Study. *American Journal of Drug and Alcohol Abuse, 25(4),* 607-627.

Millar, Golden M., & Stermac, Lana (1999). Substance abuse and childhood maltreatment conceptualizing the recovery process. *Journal of Substance Abuse Treatment, 19,* 175-182.

Najavits, Lisa (2000). Training Clinicians in the Seeking Safety treatment protocol for Posttraumatic Stress Disorder and substance abuse. Alcoholism Treatment Quarterly, *18(3),* 83-97.

O'Hare-Levin, Mary Ellen (2000). Finding a "lower, deeper power" for women in recovery. *Counseling and Values, 44(3).*

Rapping, Elayne (1997). There's Self-Help and Then There's Self-Help: Women and the Recovery Movement. *Social Policy, 27,* 56-61.

Rodriguez, Ned et al. (1997). Posttraumatic Stress Disorder in Adult Female Survivors of Childhood Sexual Abuse: A Comparison Study. *Journal of Counseling and Clinical Psychology, 65(1),* 53-59.

Rodriguez, Ned, Kemp Hendrika V., Foy, David W. (1998). Posttraumatic Stress Disorder in Survivors of Childhood Sexual and Physical Abuse: A Critical Review of the Empirical Research. *Journal of Child Sexual Abuse, 7(2),* 17-45.

Stewart, Sherry et al. (2000). Posttraumatic Stress Disorder symptoms and situation-specific drinking in women substance abusers. *Alcoholism Treatment Quarterly, 18(3),* 21-44.

Rodriguez, Ned et al. (1997). *Journal of Consulting and Clinical Psychology, 65(1),* 53-59.

Swedsen, Joel et al. (1998). The comorbidity of alcoholism with anxiety and depressive disorders in four geographic communities. *Comprehensive Psychiatry, 39(4),* 176-184.

Swendsen, Joel et al. (2000). Mood and alcohol consumption: an experience sampling test of the Self-Medication Hypothesis. *Journal of Abnormal Psychology, 109(2),* 198-204.

References Continued

Volpicelli, Josheph, Balaraman, Geetha, Hahn, Julie (1999). The Role of Uncontrollable Trauma in the development of PTSD and Alcohol Addiction. *Alcohol Research & Health, 23(4),* 256-262.

Weiss, Roger D. & Mirin, Steven, M. (1987). Substance Abuse as an Attempt at Self-Medication. *Psychiatric Medicine 3*, 357-67.

Wilson, Terence, & Lawson, David (1976). Effects of Alcohol on Sexual Arousal in Women. *Journal of Abnormal Psychology, 85(5),* 491-497.